

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employment

DATE OF APPLICATION: _____

DATE OF BIRTH: _____

Name:

Social Security No: - -

Last

First

Permanent Address:

Street

(Apt)

City, State

Zip

Contact Information: ()

Telephone

Referred By

POSITION SOUGHT: _____ Available Start Date: _____ End Date: _____

Desired Pay Range: _____ Are you currently employed? _____

By Hour or Salary

EDUCATION

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College/University Or Other Education			

GENERAL INFO

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

MOST RECENT EMPLOYERS

Date	Name & Address of Employer	Salary & Position	Reason for Leaving
From To			
From To			
From To			

References Give below the name of three persons not related to you, whom you have known for at least two years

Name	Phone number	Business	Years Known

1) Do you smoke? _____ If so do you have a problem going a shift without smoking? _____

2) Do you have a vehicle & if not how do you plan on getting to & from work? _____

3) What was the favorite& least favorite thing about your last job? _____

4) Describe your favorite menu Item & favorite drink from your last job? _____

5) Do you need any time off & when? _____

What is your availability? Place an X when you cannot work! Day shift is 10-6 night is 5-2 (latest)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

6) Do you have any pending or court dates, been convicted of any crime or currently serving parole/probation or have any wage garnishments including child support? If so please describe

Authorization

"I certify the facts contained in this application are true & complete to the best of my knowledge & understand, if employed falsifies statements on this application shall be grounds for dismissal& or prosecution.

I authorize investigation of all statements contained herein & the references/employers listed above to give you any & all information concerning my previous employment & pertinent information they may have, personal or otherwise, & release the company from all liability for any damage that may result from utilization of such information.

I understand that, if employed, I will be required to conform to the instructions, rules and polices of the company. I also understand & acknowledge that if employed, the employment relationship will be "at will," which means that either I, or the company, have the right to terminate my employment at any time and for any reason, with or without cause or notice

DATE:SIGNATURE::

DO NOT WRITE BELOW THIS LINE

Interviewed? _____

Eligible for hire? _____

Appearance? _____