

POSITION APPLIED FOR
DATE

APPLICATION FOR EMPLOYMENT

(Please answer all questions)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

FOR OFFICE USE ONLY
DATE STARTED
EMPLOYEE NUMBER
DEPARTMENT Kitchen Bar Dining Room Other

NOTICE: Applicant should read the following information carefully before filling out any of the questions on this form. We are an equal opportunity employer and fully subscribe to the principles of equal opportunity. It is our policy to seek and employ the best qualified personnel in all positions without regard to race, color, religion, age, sex, disability, national origin or any other basis made unlawful by either state or federal law. It is our policy to comply with all federal and state employment statutes. Information requested on this application will not be used for any purpose prohibited by law.

CONTACT INFORMATION (please print or type)

Name: Last _____ First _____ Middle _____

Present Address _____

Phone (_____) _____ Email Address _____

Are you 18 years old or older? Yes No If not, state date of birth ___/___/___

If under age 16, how many hours per week are you employed elsewhere? _____ hours

Have you had any name changes in order to verify job or education history? Yes No Previous Name _____

Are you authorized to work in the U.S.? Yes No

Position applied for _____ Date you can start ___/___/___ Salary desired _____

Are you applying for Full Time Part Time Temporary Days Only Nights Only Days/Nights

How did you hear about this position? _____

EDUCATION				
	Name and Address of School	Grade or Degree Completed	Graduate	
			Yes	No
High School				
College or University				
Others (Specify) <small>ex. food safety courses, responsible alcohol</small>				
Military Service Schools Attended				
Military Service Record	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	From: (Date)	To: (Date)
				Highest Grade

PLEASE CHECK THE KIND OF WORK YOU HAVE DONE:

- | | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Barista | <input type="checkbox"/> Chef | <input type="checkbox"/> Host | <input type="checkbox"/> Sandwiches |
| <input type="checkbox"/> Bartender | <input type="checkbox"/> Cook | <input type="checkbox"/> Manager | <input type="checkbox"/> Sous Chef |
| <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Counter | <input type="checkbox"/> Pastry Chef | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Bus Person | <input type="checkbox"/> Dietitian | <input type="checkbox"/> POS | <input type="checkbox"/> Wait Staff |
| <input type="checkbox"/> Carver | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Prep Cook | <input type="checkbox"/> Wait Staff-Formal Service |
| <input type="checkbox"/> Cashier | <input type="checkbox"/> Food Runner | <input type="checkbox"/> Salad | <input type="checkbox"/> Wait Staff-Casual Service |

-CONTINUED ON REVERSE SIDE-

Previous Employment

(List below your last employers, starting with most recent first)

Employer _____ Dates Employed _____
Work Phone (_____) _____ Pay Rate: \$ _____ to \$ _____
Address _____ City _____ State _____ Zip _____
Supervisor's Name and Title _____ May we contact them? Yes No
Your Position _____ Reason for Leaving _____
Duties Performed _____

Employer _____ Dates Employed _____
Work Phone (_____) _____ Pay Rate: \$ _____ to \$ _____
Address _____ City _____ State _____ Zip _____
Supervisor's Name and Title _____ May we contact them? Yes No
Your Position _____ Reason for Leaving _____
Duties Performed _____

Employer _____ Dates Employed _____
Work Phone (_____) _____ Pay Rate: \$ _____ to \$ _____
Address _____ City _____ State _____ Zip _____
Supervisor's Name and Title _____ May we contact them? Yes No
Your Position _____ Reason for Leaving _____
Duties Performed _____

Employer _____ Dates Employed _____
Work Phone (_____) _____ Pay Rate: \$ _____ to \$ _____
Address _____ City _____ State _____ Zip _____
Supervisor's Name and Title _____ May we contact them? Yes No
Your Position _____ Reason for Leaving _____
Duties Performed _____

Are there any job duties that you would be unable to perform? _____
Is there anything we could do to accommodate you so you could perform all the required job duties? _____
Have you ever applied to this company before? Yes No If yes, where? _____ When? _____

IN CASE OF EMERGENCY NOTIFY – (NAME, ADDRESS, PHONE) RELATIONSHIP, IF ANY:

1. I authorize investigation of all statements contained in this application.
2. I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment is substantially dependent on truthful answers to the forgoing inquiries.
3. I have read these statements and answers to these inquiries. Yes No

Date _____ Signature _____

