



Application for Employment

CONTACT INFORMATION

Name	
Preferred Name	
Address	
Phone	
E-Mail	

Are You 18 Years or Older? ___Yes___No

If under 18 years of age, applicant will be required to submit a birth certificate or work certificate as required by State Law.

Do You Have Reliable Transportation To and From Work? ___Yes ___No

How Far Do You Live From The Restaurant? _____

Are You Authorized To Work In the US? ___Yes ___No

Are There Any Duties You Would Be Unable To Perform? _____

Who Recommended You For This Position? _____

• **What Position Are You Interested In?**

- Management
- Chef
- Line Cook
- Prep Cook
- Host/Hostess
- Server /Bartender
- Busser
- Maintenance

• **Are You Applying For.....**

- Full Time
- Part Time
- Temporary
- Days Only
- Nights Only
- Days/Nights

Availability

	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From						
To						

Total Hours Per Week Available To Work: _____

When Are You Able To Start? _____

Are You Available To Work Holidays? ___Yes ___No (We are closed Christmas Eve and Christmas)

Education

Are You Currently Undertaking Study/Training? ___Yes ___No

If Yes, Course Program Name _____

School _____

Full Time

Part Time

List Any Other Education Accomplishments _____

Special Interests and Skills _____

Work Experience

Please List Present & Past Employment Beginning With The Most Recent.

Employer _____ Supervisor _____

Address _____ Phone _____

Job Title _____ Salary _____

Responsibilities _____

Starting and Ending Dates of Employment _____

Reason For Leaving _____

May We Contact This Employer? ___Yes ___No

Employer_____ Supervisor_____

Address_____ Phone_____

Job Title _____ Salary_____

Responsibilities _____

Starting and Ending Dates of Employment _____

Reason For Leaving_____

May We Contact This Employer? ___Yes ___No

Employer_____ Supervisor_____

Address_____ Phone_____

Job Title _____ Salary_____

Responsibilities _____

Starting and Ending Dates of Employment _____

Reason For Leaving_____

May We Contact This Employer? ___Yes ___No

References

Please Provide Three People We Can Speak To Regarding Your Work History

Name_____ Contact Phone Number_____

Occupation_____ Relationship_____

Name_____ Contact Phone Number_____

Occupation_____ Relationship_____

Name_____ Contact Phone Number_____

Occupation_____ Relationship_____

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- 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 understand that prior to employment I may be subject to a comprehensive background check.
 - 4. I understand that prior to employment I may be subject to random drug testing.

Signature_____

Date_____

