



EMPLOYMENT APPLICATION

PREFERRED POSITION _____

TODAY'S DATE _____ AVAILABLE START DATE _____

FULL NAME _____

SOCIAL SECURITY # _____ BIRTHDAY _____

CURRENT ADDRESS _____

CONTACT NUMBER _____ Email Address _____

EMERGENCY CONTACT _____ PHONE NUMBER _____

WORK AVAILABILITY: FULL TIME _____ PART TIME _____ WEEKENDS _____ HOLIDAYS _____

Please check all shifts you are available to work

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
LUNCH							
DINNER							

METHOD OF TRANSPORTATION TO WORK _____

HOW DID YOU HAPPEN TO APPLY HERE? _____

ARE THERE ANY SPECIAL SKILLS YOU HAVE APPLIED TO YOURSELF THAT WILL MAKE YOU AN OUTSTANDING ADDITION TO OUR TEAM? _____

DO YOU HAVE ANY HEALTH CONDITIONS THAT MAY ADVERSELY AFFECT YOUR WORK THAT REQUIRE YOU TO WEAR SPECIAL EQUIPMENT _____ IF YES, PLEASE NAME SPECIAL EQUIPMENT _____

CAN YOU WORK 8 HOURS WITHOUT SMOKING? _____

CAN YOU WORK 8 HOURS WITHOUT USING YOUR CELL PHONE? _____

WHAT HOBBIES OR INTERESTS TO YOU ACTIVELY PERSUE _____

IN REGARD TO EXPERIENCE:

EXPERIENCE IS NOT NECESSARILY A CONDITION FOR EMPLOYMENT. MANY EMPLOYEES LEARN THEIR CRAFT THROUGH HARD WORK AND DEDICATION. OUR PRIMARY CONCERN IS YOUR ATTITUDE, DEPENDABILITY AND HONESTY. ARE YOU COMMITTED TO DO YOUR JOB AND DO IT WELL? _____

YOU MAY BE ASKED TO COME IN EARLY, STAY AFTER YOUR SCHEDULED WORK TIME OR COME IN AT UNSCHEDULED TIMES. YOU MAY BE ASKED TO FILL IN OTHER POSITIONS AS NEEDED. IF HIRED, ARE YOU WILLING, AT TIMES, TO ASSIST IN THE RESPONSIBILITY OF ASSURING GUEST SATISFACTION? AFTER YOU SIGN THIS COMMITMENT AND ARE HIRED, WE NEVER WANT TO HEAR THE STATEMENT, "THAT IS NOT MY JOB." WE WANT AND NEED TEAM PLAYERS. IF YOU ARE NOT WILLING TO BE PART OF THE TEAM, JUST INFORM THE MANAGER THAT YOU ARE NOT INTERESTED IN WORKING HERE

"I WILL CONTRIBUTE IN MAKING THIS RESTAURANT SUCCESSFUL"

SIGNATURE _____ DATE _____

EDUCATION

HIGH SCHOOL _____ LAST YEAR COMPLETED _____

COLLEGE / TRADE OR OTHER _____ LAST YEAR COMPLETED _____

COURSE OF STUDY _____

ADDITIONAL EDUCATION YOU FEEL MAY BE AN ASSET TO THIS POSITION _____

EMPLOYMENT HISTORY (starting with more recent employer)

EMPLOYER		
START DATE month/year	END month/year	POSITION
SUPERVISOR		PHONE NUMBER
REASON FOR LEAVING		

EMPLOYER		
START DATE month/year	END month/year	POSITION
SUPERVISOR		PHONE NUMBER
REASON FOR LEAVING		

EMPLOYER		
START DATE month/year	END month/year	POSITION
SUPERVISOR		PHONE NUMBER
REASON FOR LEAVING		

EMPLOYER		
START DATE month/year	END month/year	POSITION
SUPERVISOR		PHONE NUMBER
REASON FOR LEAVING		

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

APPLICANTS CERTIFICATION AND AGREEMENT (PLEASE READ CAREFULLY)

I _____ CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFICATION OF THIS INFORMATION IS GROUNDS FOR DISMISSAL IN ACCORDANCE WITH COMPANY POLICY. I AUTHORIZE THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO COMPANY RULES, REGULATIONS AND POLICIES AND AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME.

SIGNATURE _____ **DATE** _____