

Employee Application



Personal Information

please print clearly

Date: _____

First Name _____ Middle _____ Last _____
Street Address _____ Social Security No. _____
City/State/Zip _____ Phone (____) _____
How did you find out about this job? Newspaper Referral Other _____
If hired, do you have a reliable means of transportation to get to work? Yes No
Are you legally authorized to work in the U.S.? Yes No (Proof of U.S. citizenship or immigration status will be required if hired.)
Minimum salary expected _____ Are you at least 16 years old? Yes No
Do you currently hold a food handler's permit that is applicable to this restaurant? Yes No

Employment Data

Are you seeking: Temporary Full-time Part-time What position(s) are you applying for? _____
What hours and shift(s) would you prefer to work? _____
What hours and shift(s) would you prefer *not* to work? _____
Please indicate any shift(s) you would not be available to work. _____
Are you willing to work overtime? Yes No Weekends? Yes No Holidays? Yes No
Are you currently employed? Yes No If hired, when would you be able to start? _____
What commitments do you have, or anticipate, that may affect your schedule? _____
We may train on days you have other obligations. Are you willing to reschedule your plans to come to training? Yes No
Have you ever worked for this organization before? Yes No If yes, name used: _____
List any friends or relatives employed by this company: _____
If offered a position how long do you plan to remain with us? _____
Have you ever been discharged or asked to resign from any position? Yes No If yes, please describe: _____

How many days have you missed from school or work in the last year other than approved vacation, sick, or disability leave? _____
How many days have you been late to school or work in the last year other than approved vacation, sick, or disability leave? _____

Education (Circle highest level attained.)

Elementary: 1 2 3 4 5 6 7 8	Secondary: 9 10 11 12 G.E.D	College: 1 2 3 4 5 6 7 8
Name of School: _____	Name of School: _____	Name of School: _____
Location of School: _____	Location of School: _____	Location of School: _____
If in high school, are you enrolled in a recognized co-op program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree & Major: _____
If yes, identify program and school: _____		Minor: _____

Work History (Please list your last three employers. Begin with the most recent.)

1.	Company _____	Phone No. with Area Code (_____) _____
	Address _____	City/State/Zip _____
	Dates of Employment: From _____ To _____	Salary: Beginning _____ Ending _____
	Job Title _____	Supervisor's Name & Title _____
	Describe duties briefly: _____	
	Specific reason for leaving: _____	
2.	Company _____	Phone No. with Area Code (_____) _____
	Address _____	City/State/Zip _____
	Dates of Employment: From _____ To _____	Salary: Beginning _____ Ending _____
	Job Title _____	Supervisor's Name & Title _____
	Describe duties briefly: _____	
	Specific reason for leaving: _____	
3.	Company _____	Phone No. with Area Code (_____) _____
	Address _____	City/State/Zip _____
	Dates of Employment: From _____ To _____	Salary: Beginning _____ Ending _____
	Job Title _____	Supervisor's Name & Title _____
	Describe duties briefly: _____	
	Specific reason for leaving: _____	

May we contact all of the employers listed above? Yes No If not, tell us which one(s) you do not wish us to contact and why:

How many jobs have you had in the last five years that are not listed above? _____

Why are you seeking a new position at this time? _____

We have specific requirements for personal appearance for both the dining room and kitchen:
A clean, proper uniform, no excessive jewelry or makeup, and good general hygiene.
Are you willing to comply with these requirements? Yes No

Please read the following carefully, then sign and date the application.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except an officer of the company, who may do so only in writing. I have read, understand, and agree to the above.

Applicant's Signature _____ **Date** _____

Check over the foregoing application to make sure it is complete and signed.

We are an Equal Opportunity Employer. All applicants are considered without regard to race, color, religion, disability, sex, national origin, age, or any other basis protected by federal, state, or local law. This employment application is only active for 30 days. After this time a separate employment application must be submitted in order to be considered for employment.