



Application For Employment

TODAYS DATE:

BIRTHDATE:

PERSONAL INFORMATION

Name (Last Name, First Name)

Present Address

City

State

Zip

Permanent Address

City

State

Zip

Phone No.

Referred By:

E-Mail Address

EMPLOYMENT DESIRED

Position

Date You Can Start

Salary Desired

Are You Employed? Yes No

If So, May We Inquire of Your Present Employer? Yes No

AVAILABILITY		Monday Lunes	Tuesday Martes	Wednesday Miercoles	Thursday Jueves	Friday Viernes	Saturday Sabado	Sunday Domingo
	AM							
	PM							

Ever Applied To This Company Before? Yes No

When?

EDUCATION HISTORY

Name & Location of School	Years Attended	Did You Graduate?	Subject Studied
High School			
College			
Trade, Business School			

Have You Ever Worked in the Restaurant Business Before? Y N If Yes, How Long _____

Please Rate Yourself Below On A Scale of 1-10 (1 = Needs Help, 5 = Average, 10 = Expert)

Team Work _____ Personality _____ Organizational Skills _____ Punctuality _____ Food Knowledge _____

What Are Your Strengths?

What is Hospitality?

What are Your Outside Interests?

List Your Two Favorite Restaurants

FORMER EMPLOYERS (List Below Last Four Employers, Starting With Last One First)

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

REFERENCES List Below The Names of Three Persons Not Related To You, Whom You Have Known At Least One Year

Name	Address	Contact No.	Years Known

AUTHORIZATION

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

I authorize investigation of all statements contained herein and the references and employers 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 the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date: _____

Signature: _____