



DATE OF APPLICATION	POSITION DESIRED
DATE AVAILABLE	DESIRED HOURS/WEEK

PLEASE PRINT

FIRST NAME	MIDDLE NAME	LAST NAME	PREFERRED SHIFT
HOME ADDRESS (NUMBER AND STREET)			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	ALT. TELEPHONE NUMBER

Have you ever worked under another name? Yes No If yes, please specify: _____

Are you legally a minor? Yes No Are you of legal age for serving alcohol? Yes No

IF YOU ARE A MINOR, YOU WILL BE REQUIRED TO SUBMIT PROOF OF AGE AND/OR A WORK PERMIT

Can you upon hire, provide proof of identity and authorization to work in the United States? Yes No

THE COMPANY REQUIRED TO EXAMINE DOCUMENTATION CERTIFYING THAT EACH PERSON IS AUTHORIZED TO WORK IN THE UNITED STATES

Schedule availability: Please fill out the times you are available to work, and if not list why.

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM	\	\	\	\	\	\	\
PM	\	\	\	\	\	\	\

Are you related to anyone in the company? Yes No If yes, who? _____

EMPLOYMENT

Account for all employment within the past 10 years, beginning with your present or last position. Attach additional sheet if necessary.

FIRM NAME	POSITIONS AND DUTIES	REASON FOR LEAVING	SUPERVISOR/MANAGER	FROM	TO
NAME	SALARY		TELEPHONE		
ADDRESS					
CITY & STATE					
NAME	SALARY		TELEPHONE		
ADDRESS					
CITY & STATE					
NAME	SALARY		TELEPHONE		
ADDRESS					
CITY & STATE					
NAME	SALARY		TELEPHONE		
ADDRESS					
CITY & STATE					

If presently employed, may we contact your employer? Yes No

Have you ever been discharged or asked to resign from a position? Yes No If yes, explain: _____

Have you ever been convicted of a felony? Yes No If yes, please specify date, nature of offense and state in which convicted: _____

EDUCATION

Please list chronologically beginning with most recent education.

SCHOOL NAME GRADUATE? YES NO

ADDRESS

CITY & STATE

SCHOOL NAME GRADUATE? YES NO

ADDRESS

CITY & STATE

SCHOOL NAME GRADUATE? YES NO

ADDRESS

CITY & STATE

Please describe in detail how you feel you would benefit our restaurant:

Please list in detail your expectations of a position at our restaurant:

Provide three persons, other than family members, whom we can contact for information on your work ability and character.

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
1.			
2.			
3.			

Do you have any disability that would limit you in performing the position for which you are applying? Yes No

If yes, please explain your disability and describe any specific accommodations that would help you perform the job reliably and safely.

I declare that the answers and information on this application are complete and true to the best of my knowledge, and that any misrepresentation or omission may be cause for my immediate dismissal.

I also understand the my employment with the company may be terminated by either myself or the company at any time without notice, and that neither this application or any other communication is intended to confer any contractual obligation on either the company or myself.

Signature _____ Date _____