



# EMPLOYMENT APPLICATION

## APPLICANT INFORMATION

Last Name:	First:	M.I.:	Date:
Street Address:			Apt/Unit #:
City:	State:	Zip:	
Cell Phone:	Email Address:		
Home Phone:	Last 4 of SSN:	Desired Salary:	
Position(s) Applied For:			
Birthday:			
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the US?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:	

## EDUCATION

High School		Address	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
College		Address	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Other		Address	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:

## REFERENCES

*Please list three references other than relatives & former supervisors. Please include their contact number.*

Full Name:	Relationship:
Company:	Phone: (    )
Email Address:	
Full Name:	Relationship:
Company:	Phone: (    )
Email Address:	
Full Name:	Relationship:
Company:	Phone: (    )
Email Address:	

PREVIOUS EMPLOYMENT			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your supervisor for a reference?		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your supervisor for a reference?		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your supervisor for a reference?		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>

AVAILABILITY			
Are you available Memorial Day through Labor Day?		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Do you have open availability?		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Being a seasonal restaurant, will you have extended availability to the end of September?		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
If you answered no to the previous question, please list your availability.			

DISCLAIMER & SIGNATURE	
I certify that all my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature:	Date: