

PERSONAL INFORMATION

Date / /

Social Security Number

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Name:

Last

First

Middle

Address:

Street

City

State

Zip Code

Phone Number:

Are you TABC Certified?
(For Server Position Only)

Yes

No

Drivers License No:

Are you of legal age
to serve alcohol?

Yes

No

WHAT CAN YOU DO?

Line Cook

Prep Cook

Server

Expediter

Food Runner

Dishwasher

Busser

Other

When Can You Start?

Are you employed now?

Yes

No

If so, may we call your present employer?

Yes




No

EDUCATION

Name & Location Of School

Are you a graduate?

Grade Average

High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
GED		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade Or Business School		<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Give the names of **three (3)** persons **Not** related to you, whom you have known at least **one (1)** year.

Name	Phone Number	Years Known

In Case Of
Emergency Notify:

Name

Phone Number

FORMER EMPLOYERS

Please list your past **four (4)** employers.
(Starting with your last employer)

	Dates Of Employment	Name & Phone Number of Employer	Hourly Wage	Position
①	From: / /			
	To: / /			
②	From: / /			
	To: / /			
③	From: / /			
	To: / /			
④	From: / /			
	To: / /			

WHY DID YOU LEAVE?

① _____

② _____

③ _____

④ _____

Can you after employment, submit proof of U.S. Citizenship of verification documents of your legal right to work in the United States?

Yes
 No

Have you ever been convicted of a felony, or pleaded no contest in a felony, or been convicted of a misdemeanor within 2 years?
(Conviction will not necessarily disqualify an applicant)

Yes
 No

I hereby certify that the following statements, as well as those on any attachment(s) to this form, to the best of my knowledge are true and correct and that they are all given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from employment.

I authorize you to communicate with all my former employers, schools, officials, and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that, as this company deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for continuation of salary, wages, or employment related benefits.

Applicant's Signature: _____

Date: / /