

Application for Employment

I AM APPLYING FOR:
3RD STREET TAVERN

DINO'S PIZZERIA

TAV ON THE AVE

FLASK

NUMBER 4

PERSONAL INFORMATION

NAME (LAST NAME FIRST) _____

SOCIAL SECURITY NO. _____ - _____ - _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

PERMENANT ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NO. _____ REFERRED BY _____

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

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO

IF SO, WHERE? _____ WHEN? _____

EDUCATION HISTORY

	NAME & LOCATION	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE				

GENERAL INFORMATION

SUBJECTS OR SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING SKILLS _____

U.S. MILITARY SERVICE _____ RANK _____

FORMER EMPLOYERS (LIST BELOW FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

	NAME, ADDRESS, PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				

SHIFT AVAILABILITY:

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
FROM							
TO							

REFERENCES (PROVIDE THREE NAMES OF PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS/PHONE	BUSINESS	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 _____

INTERVIEWED BY _____ DATE _____