

APPLICATION FOR EMPLOYMENT

In order for you to be considered for employment, this application must be filled out in its ENTIRETY. Resumes should not be submitted in lieu of information requested below.

NAME: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> First Middle Last </div>	DOB (if under 21): _____
ADDRESS: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Street City State Zip Code </div>	
CONTACT INFO: Home () - _____ - _____ Email (<i>optional</i>) _____ Cell () - _____ - _____	
Have you ever been convicted of a felony which has not been annulled or sealed by court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:	
Would you willingly submit to a drug test?	

POSITION APPLIED FOR: <input type="checkbox"/> Wait Staff /Hostess <input type="checkbox"/> Kitchen <input type="checkbox"/> Bakery <input type="checkbox"/> Dishwasher	TYPE OF WORK: _____ Full Time _____ Part Time How did you hear about the job?	PREFERRED LOCATION: _____ Middletown Mall _____ Bellview
WORK SCHEDULE AVAILABILITY: Monday _____ to _____ Tuesday _____ to _____ Wednesday _____ to _____ Thursday _____ to _____ Friday _____ to _____ Saturday _____ to _____ Sunday _____ to _____		

EDUCATION

Name and Location	Did you Graduate?	Major of Study
High School:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

WORK EXPERIENCE

Company Name	Job Title Responsibilities/ Duties	Employment Dates	Wage earned	Reason for Leaving
		From: To:		
		From: To:		
		From: To:		

REFERENCES

Name & Occupation	Address	Telephone	Years Known

AUTHORIZATION

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

I authorize investigation of all statements contained in this application 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.

Signature

Date