



Application for Employment

(Please type or print clearly)

Date		Position	
Applicant Name		Email Address	
Address		Telephone	
City		State & Zip	

If hired, can you furnish proof of eligibility to work in the U.S.? Yes No

Are you applying for? Full-Time Part-Time Either Full-Time or Part-Time

If required by the job you are applying for, do you have a driver's license? Proof may be required.

Yes No

If applying for front-of-house / server position, are you currently TIPS or other alcohol server trained?

Yes No

Education: Circle highest school grade completed: 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 GED

List all schools attended (If GED, give number, location and date).

Name of High School	City and State
Name of College or University	Degree/Certificate/Diploma Earned

Specialized Skills (Skills, Equipment Operated, Computer Software).

Please check the following skills you have or write in skills not listed.

Cash Handling <input type="checkbox"/>	Customer Service <input type="checkbox"/>	Food Preparation <input type="checkbox"/>	Food Safety <input type="checkbox"/>	Point of Sale Systems <input type="checkbox"/>	Heavy Equipment <input type="checkbox"/>
Computer: Basic <input type="checkbox"/>	Computer: Average <input type="checkbox"/>	Computer: Advanced <input type="checkbox"/>	Spread-sheets <input type="checkbox"/>	Word Processing <input type="checkbox"/>	Other <input type="checkbox"/>

State any additional information you feel may help us understand how you are qualified for the job.

*Equal Opportunity Employer

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Work Experience. Start with your present or last job. Include any job-related military service assignments and volunteer activities. Gaps in employment may need to be documented. **Are you currently employed?** Yes No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone			
Starting Job Title			
Ending Job Title			
Supervisor			
Reason for Leaving	May we contact?	Yes No	
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone			
Starting Job Title			
Ending Job Title			
Supervisor			
Reason for Leaving	May we contact?	Yes No	
Employer	Dates Employed		Work Performed
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Telephone			
Starting Job Title			
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Supervisor			
Reason for Leaving	May we contact?	Yes No	
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone			
Starting Job Title			
Ending Job Title			
Supervisor			
Reason for Leaving	May we contact?	Yes No	

Professional/Personal References: List three people who know you well enough to provide current and past information about you. Do not include relatives or former employers.		
Name and Occupation	Telephone Number	Years Known
1.		
2.		
3.		

Note to applicants: Only answer this question if you have reviewed the job description of the position you are applying for. Are you able to perform the required duties and activities of this position with or without a reasonable accommodation, as they have been described? Yes No

To the best of my knowledge, I hereby affirm with my signature that everything in this application is true, complete and correct.

Signature: _____ **Date:** _____