

Restaurant Operations
HOURLY EMPLOYEE

APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

It is the policy of The Company to provide equal employment opportunity in all aspects of the employer-employee relationship - including recruitment, hiring, upgrading and promotion, conditions and privileges of employment, company sponsored training, education, assistance, social and recreational programs, benefits and compensation, transfers and promotions, discipline, lay-offs, recalls and termination of employment - to all employees without discrimination because of race, creed, color, age, religion, sex, sexual orientation, gender identity or expression, country of origin, veteran status, national service obligations, mental or physical disability or any other characteristics to the extent protected by the law.

COMPANY: _____ POSITION APPLYING FOR: _____

PERSONAL	LAST NAME	FIRST NAME	MIDDLE INITIAL	PHONE
	STREET ADDRESS	CITY	STATE	ZIP CODE
	NAME AND PHONE OF THE PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
	IS YOUR CITIZENSHIP OR IMMIGRATION STATUS SUCH THAT YOU CAN LAWFULLY WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	ARE YOU: <input type="checkbox"/> 14-15 <input type="checkbox"/> 16-17 <input type="checkbox"/> 18 OR OLDER IF UNDER 18, PROOF OF AGE MUST BE PROVIDED PRIOR TO HIRING			

EDUCATION	NAME OF HIGH SCHOOL AND ADDRESS	GRADUATION		NUMBER OF COLLEGE CREDIT HOURS	MAJOR	AVERAGE
		YES	NO			
	JUNIOR HIGH SCHOOL					
	HIGH SCHOOL					
	COLLEGE					
	OTHER					
EXTRACURRICULAR ACTIVITIES		CURRENTLY ENROLLED IN HIGH SCHOOL/STUDY PROGRAM <input type="checkbox"/> YES <input type="checkbox"/> NO				

GENERAL ACTIVITIES	STARTING WAGE DESIRED \$ _____ PER HOUR	DATE AVAILABLE TO START							
	DAYS AND HOURS AVAILABLE TO WORK	DAYS FROM TO	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	WHAT INTERESTED YOU IN THE COMPANY?								
HAVE YOU EVER WORKED FOR THE COMPANY IN THE PAST? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE AND WHEN?									
WHAT ARE YOUR HOBBIES, SPECIAL INTERESTS AND ACTIVITIES? (Do not include those indicating race, creed, nationality or religion)									

ANY VERIFIED WORK PERFORMED ON A VOLUNTEER BASIS MAY BE INCLUDED IN YOUR WORK HISTORY

EMPLOYMENT/WORK EXPERIENCE	COMPANY NO. 1 (Present or most recent employer)		ADDRESS/PHONE NUMBER		
	EMPLOYED (Month & Year) FROM TO		RATE OF PAY START ENDING		AVERAGE NUMBER OF HOURS WORKED PER WEEK
	POSITION(S) HELD		SUPERVISOR'S NAME/POSITION		
	DESCRIBE YOUR DUTIES				
	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		REASON FOR LEAVING		
	COMPANY NO. 2		ADDRESS/PHONE NUMBER		
	EMPLOYED (Month & Year)		RATE OF PAY START ENDING		AVERAGE NUMBER OF HOURS WORKED PER WEEK
	POSITION(S) HELD		SUPERVISOR'S NAME/POSITION		
	DESCRIBE YOUR DUTIES				
	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		REASON FOR LEAVING		
	COMPANY NO. 3		ADDRESS/PHONE NUMBER		
	EMPLOYED (Month & Year)		RATE OF PAY START ENDING		AVERAGE NUMBER OF HOURS WORKED PER WEEK
	POSITION(S) HELD		SUPERVISOR'S NAME/POSITION		
	DESCRIBE YOUR DUTIES				
	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		REASON FOR LEAVING		

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____