



## APPLICATION FOR EMPLOYMENT

### GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip) Cellular Telephone ( ) -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### POSITION

Position Or Type Of Employment Desired	<b>Will Accept:</b> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<b>Shift:</b> <input type="checkbox"/> Morning <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

### EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed?  Yes  No  
 If no, list the highest grade completed

**College, Business School, Military (Most recent first)**

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English

### VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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**SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)**

(Maximum 1000 characters)

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)
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		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



PLEASE ENTER IN THE SCHEDULE BELOW THE SHIFTS YOU WOULD  
PERFER TO WORK!

(X OUT THE BOXES YOU **CAN'T WORK**)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10:00 AM							
10:30 AM							
11:30 AM							
12:30 PM							
1:30 PM							
2:30 PM							
3:30 PM							
4:00 PM							
4:30 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
10:30 PM							
11:00 PM							

**Please answer the following questions:**

1. Why do you want to work in the food service industry?
  
2. What is your favorite type of food?
  
3. What was something you didn't like about your last job?
  
4. What is something you loved about your last job?