

APPLICANT INFORMATION

Name (Last, First, Middle)					Date	
Street Address				Apartment/Unit #		
City		State		Zip		
Mailing Address (if different)						
Phone			Alternate Phone			
Email Address			Date Available		Desired Salary	
Position Applied for						
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
If under 21 years of age, please state age						
Do you have any physical, sensory or mental handicaps that would hinder your performance in the job in which you are applying? If yes, please explain						

AVAILABILITY

DAY:	SUN	MON	TUES	WED	THURS	FRI	SAT
TIMES:							

WORK EXPERIENCE

Kitchen	Yes	No	If yes, please indicate the number of years and job duties
Cashier	Yes	No	If yes, please indicate the number of years and job duties
Dishwashing	Yes	No	If yes, please indicate the number of years and job duties
Bartending	Yes	No	If yes, please indicate the number of years and job duties

PREVIOUS EMPLOYMENT

Company		Phone			
Address		Supervisor			
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company		Phone			
Address		Supervisor			
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		

PREVIOUS EMPLOYMENT (CONTINUED)

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EDUCATION

High School		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
College		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

REFERENCES

Please list two professional references

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
 You are hereby authorized to make an investigation of my personal history.

Signature	Date
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