



# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

## PERSONAL INFORMATION

DATE \_\_\_\_\_

### NAME

### SOCIAL SECURITY NUMBER

LAST

FIRST

MIDDLE

### PRESENT ADDRESS

STREET

CITY

STATE

ZIP

### PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

### HOME PHONE NUMBER

### CELL NUMBER

### ALT NUMBER

ARE YOU 18 YEARS OR OLDER? YES OR NO

IF NO, WHEN WILL YOU TURN 18? \_\_\_\_\_

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

## EMPLOYMENT DESIRED

POSITION

DATE YOU CAN  
START

SALARY DESIRED

ARE YOU WILLING TO CONSIDER OTHER POSITIONS? YES OR NO

ARE YOU EMPLOYED NOW? YES NO

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES N

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

REFERRED BY

DO YOU KNOW ANYONE CURRENTLY EMPLOYED BY OUR COMPANY?

EDUCATION	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
POST GRAD WORK/ TRADE SCHOOL			

## SKILLS

ATTRIBUTES/SKILLS APPLICABLE TO THIS POSITION:

FOOD SERVICE SKILLS:

FORMAL FOOD SERVICE TRAINING:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

DO YOU SMOKE?(OPTIONAL) YES NO

THIS QUESTION IS COMPLETELY OPTIONAL AND YOUR ANSWER WILL NOT AFFECT YOUR EMPLOYMENT ELIGIBILITY

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age

(CONTINUED ON OTHER SIDE)

**FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS STARTING WITH MOST RECENT FIRST)**

DATE MONTH AND YEAR	NAME AND LOCATION OF EMPLOYER	SALARY BEGIN AND END	POSITION	REASON FOR LEAVING	WOULD YOU RETURN
FROM					
TO					
FROM					
TO					
FROM					
TO					

**BUSINESS REFERENCES: GIVE THE NAMES OF THREE PERSONS WITH WHICH YOU HAVE WORKED**

NAME	ADDRESS	BUSINESS	YEARS WORKED
1			
2			
3			

IN CASE OF EMERGENCY NOTIFY

NAME	ADDRESS	PHONE NUMBER

**AVAILABILITY CHART**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

AFTER DATE OF HIRE, DO YOU HAVE ANY UPCOMING SCHEDULED INTERRUPTIONS OR CHANGES IN YOUR AVAILABILITY? (I.E. VACATIONS, SCHOOL SCHEDULES PERSONAL OBLIGATIONS)

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENTS FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS: \_\_\_\_\_

HIRED: YES NO POSITION \_\_\_\_\_ STORE LOCATION \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_

APPLICATION RECEIVED BY \_\_\_\_\_