

Please write legibly with black or blue pen

**General Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex (circle one): ( F / M ) Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Last mm / dd / yyyy

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interested position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How did you hear about the job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education Background**

Are you currently attending school (circle one): Yes / No . If yes, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Condition**

Any health condition we should know about (including allergies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Criminal History**

Any criminal history we should know about (including DUIs): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work History**

Have you worked at a restaurant before? Circle: Yes / No

If yes, when and where was the last restaurant you worked at? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last three places of employment:

|  |  |  |  |
| --- | --- | --- | --- |
| Place of Employment | Position | When? | Reason for leaving? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Availability**

I’m looking for (circle one): Part-time / Full-time I can start on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My availability (circle all that applies):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tuesday | Wednesday | Thursday | Friday | Saturday |
| L: 10am ~ 4pmD: 4pm ~ 9pm | L: 10am ~ 4pmD: 4pm ~ 9pm | L: 10am ~ 4pmD: 4pm ~ 9pm | L: 10am ~ 4pmD: 4pm ~ 10pm | L: 10am ~ 4pmD: 4pm ~ 10pm |

I certify that the information contained in this application is correct to the best of my knowledge. I hereby acknowledge that I have been advised that this application will remain active for no more than 14 days from the date it was signed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date