



Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

Personal Information

Date:

NAME (LAST NAME FIRST):		BIRTH DATE (MM/DD/YYYY):	
PERMANENT ADDRESS:	CITY:	STATE:	ZIP CODE:
HOME PH:	CELL PH:	REFERRED BY:	

Employment Desired

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
ARE YOU EMPLOYED?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?

Education History

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

General Information

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS:	
U.S. MILITARY OR NAVAL SERVICE	RANK

Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

References (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE: _____ SIGNATURE: _____

INTERVIEWED BY: _____ DATE: _____

Emergency Information (WHO SHOULD WE CONTACT IN CASE OF EMERGENCY?)

NAME/RELATIONSHIP:	ADDRESS:	PHONE:
NAME/RELATIONSHIP:	ADDRESS:	PHONE:

Availability (check all that apply)

RESTAURANT		THE PARK		HOURS AVAILABLE TO WORK			
BARTENDER	<input type="checkbox"/>	BARTENDER	<input type="checkbox"/>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
SERVER	<input type="checkbox"/>	SERVER	<input type="checkbox"/>	DAY <input type="checkbox"/>	DAY <input type="checkbox"/>	DAY <input type="checkbox"/>	DAY <input type="checkbox"/>
HOST	<input type="checkbox"/>	V-BALL REF	<input type="checkbox"/>	NIGHT <input type="checkbox"/>	NIGHT <input type="checkbox"/>	NIGHT <input type="checkbox"/>	NIGHT <input type="checkbox"/>
BUS	<input type="checkbox"/>			FRIDAY	SATURDAY	SUNDAY	
KITCHEN	<input type="checkbox"/>			DAY <input type="checkbox"/>	DAY <input type="checkbox"/>	DAY <input type="checkbox"/>	
PHONES	<input type="checkbox"/>			NIGHT <input type="checkbox"/>	NIGHT <input type="checkbox"/>	NIGHT <input type="checkbox"/>	

----- DO NOT WRITE BELOW THIS LINE -----

Remarks:

NEATNESS:		CHARACTER:		
PERSONALITY:		ABILITY:		
HIRED:	FOR DEPT.:	POSITION:	WILL REPORT:	SALARY WAGES:

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER