

APPLICATION FOR EMPLOYMENT

DATE ___/___/___ POSITION APPLIED FOR: ___ RESTAURANT ___ 6-PACK
 NAME _____ AGE _____ Some positions have minimum age requirements BIRTH DATE ___/___/___
 CELL PHONE # _____ HOME PHONE # _____
 SS# _____ - _____ - _____ ADDRESS _____
 YEARS/MONTHS AT THIS ADDRESS _____ Email Address _____ @ _____
 DO YOU HAVE A VALID DRIVER'S LICENSE? ___ DO YOU HAVE A CAR? ___
 SINGLE ___ MARRIED ___ DIVORCED ___ HOW MANY CHILDREN? ___ AGES _____

LAST YEAR OF SCHOOLING COMPLETED (GRADE) _____ GED _____
 WHERE _____ >IF IN SCHOOL, GRADE ENROLLED IN NOW _____
 WILL YOU BE ATTENDING SCHOOL IN THE FALL? _____ High School ___ College ___
 NEXT FALL HS GRADE ___ OR COLLEGE & CAMPUS _____
 IF IN HIGH SCHOOL CAN YOU DO CO-OP? ___ NOW ___ NEXT SCHOOL YEAR _____
 * (please check co-op only if you are absolutely sure that you will able to do co-op)
 WHAT ACTIVITIES ARE YOU IN? _____
 IF IN HIGH SCHOOL, SCHOOL REFERENCE(TEACHER,etc.) _____

LAST JOB(COMPANY) _____ POSITION _____
 HOW LONG THERE _____ DATE LEFT ___/___/___ SUPERVISOR _____
 EMPLOYER PHONE # _____ Reason for leaving: ___ Terminated ___ Quit ___ Other
 PAY RATE _____ per hr. Explain _____
 NEXT PREVIOUS JOB(COMPANY) _____ POSITION _____
 HOW LONG THERE _____ DATE LEFT ___/___/___ SUPERVISOR _____
 EMPLOYER PHONE # _____ Reason for leaving: ___ Terminated ___ Quit ___ Other
 PAY RATE _____ per hr. Explain _____

HAVE YOU EVER BEEN ARRESTED FOR ANYTHING (OTHER THAN TRAFFIC VIOLATIONS)? _____
 IF YES, FOR WHAT? _____
 DO YOU HAVE A CRIMINAL RECORD? _____ ARE YOU ON PROBATION? _____
 HAVE YOU EVER BEEN FIRED FROM A JOB FOR STEALING? _____
 Have you ever been convicted of a felony? _____ Where _____
 Are you now, or have you ever been, registered as a sex offender ___ Yes ___ No
 Are you now using or have you ever used illegal drugs (other than marijuana) ___ Yes ___ No
 Are you now in, or have you ever been in, a drug rehabilitation program? ___ Yes ___ No
 Would you voluntarily submit to a pre-employment drug test? ___ Yes ___ No

CAN YOU WORK: Anytime ___ Split Shifts ___ Nights ___ Days ___ Weekends ___
 When can you start? _____ Special Scheduling Needs _____

DO YOU KNOW ANYONE WHO WORKS HERE? ___ WHO _____

BY SIGNING HERE YOU ASSERT THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT AND GIVE US PERMISSION TO INQUIRE INTO YOUR PREVIOUS EMPLOYMENT AND DO CRIMINAL BACKGROUND CHECKS.
 SIGNATURE _____ DATE ___/___/___

INTERVIEWED BY _____ DATE HIRED ___/___/___