



## APPLICATION FOR EMPLOYMENT

This application must be filled out in its *entirety* for you to be considered for employment. Resumes should not be submitted in lieu of the information requested below.

<b>NAME:</b> _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>	<b>DOB (if under 21):</b>  
<b>ADDRESS:</b> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip Code</span> </div>	
<b>CONTACT INFO:</b> Home (     ) - _____ Email ( <i>optional</i> ) Cell (     ) - _____	
Have you ever been convicted of a felony which has not been annulled or sealed by court? Yes     No If yes, please explain below:	
Would you willingly submit to a drug test? Yes     No	
<b>POSITION APPLIED FOR:</b> <input type="radio"/> Waitstaff <input type="radio"/> Hostess <input type="radio"/> Cashier <input type="radio"/> Kitchen <input type="radio"/> Dishwasher <input type="radio"/> Bakery	<b>TYPE OF WORK:</b> Full Time     Part Time  How did you hear about the job?
<b>HOURS OF AVAILABILITY:</b> Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:	

## EDUCATION

Name and Location	Did you Graduate?	Major of Study
High School:	<input type="radio"/> Yes <input type="radio"/> No	
College:	<input type="radio"/> Yes <input type="radio"/> No	

## WORK EXPERIENCE

Company Name	Job Title Responsibilities/ Duties	Employment Dates	Wage earned	Reason for Leaving
		From:  To:		
		From:  To:		
		From:  To:		

## REFERENCES

Name & Occupation	Address	Telephone	Years Known

## AUTHORIZATION

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

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**Signature**

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**Date**