

# Application for Employment



PLEASE PROVIDE A COPY OF A PICTURE ID WITH THIS APPLICATION

DATE: \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_

## PERSONAL INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL \_\_\_\_\_ WORK: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

MARITAL STATUS → MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ DIVORCED \_\_\_\_\_

NUMBER OF DEPENDENTS \_\_\_\_\_ AGES: \_\_\_\_\_

SHIFTS DESIRED → DAYS \_\_\_\_\_ NIGHTS \_\_\_\_\_ FULLTIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

## EDUCATION

DO YOU HAVE A HIGH SCHOOL DIPLOMA? YES NO IF SO, FROM WHICH HIGH SCHOOL? \_\_\_\_\_ GPA \_\_\_\_\_

DO YOU OR HAVE YOU ATTENDED A UNIVERSITY, COLLEGE, OR SKILLED TRADE SCHOOL? YES NO IF YES, WHERE? \_\_\_\_\_

IF YOU CURRENTLY ATTEND SCHOOL, PLEASE WRITE YOUR SCHOOL SCHEDULE IN THE TEMPLATE  
BELOW ALONG WITH YOUR AVAILABLE HOURS.

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

## PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS

DO YOU HAVE RELIABLE TRANSPORTATION? YES NO CAN YOU WORK OTHER SHIFTS ON SHORT NOTICE? YES NO

DO YOU HAVE ANY PHYSICAL LIMITATIONS? YES NO IF YES EXPLAIN \_\_\_\_\_

HAVE YOU EVER BEEN INJURED ON THE JOB? YES NO IF YES EXPLAIN \_\_\_\_\_

HAVE YOU EVER COLLECTED WORKMAN'S COMPENSATION? YES NO

ARE YOU CAPABLE OF TAKING FOOD AND DRINK ORDERS? YES NO CAN YOU RUN YOUR OWN CASH BANK? YES NO

SMOKING IS PROHIBITED. DOES THIS INTERFERE WITH YOUR ABILITY TO WORK? YES NO

ARE YOU PREPARED TO BRING IN A DOCTORS EXCUSE WHEN CALLING IN SICK? YES NO

**QUESTIONS REGARDING TRAINING & APPEARANCE**

ARE YOU PREPARED TO PURCHASE YOUR OWN UNIFORM? **YES NO**

ARE YOU PREPARED TO COME TO WORK PROPERLY DRESSED IN COMPANY ATTIRE AND PROFESSIONALLY PRESENTABLE? **YES NO**

I AM PREPARED AND WILLING TO TRAIN AND LEARN ALL TRAINING MATERIAL WITHOUT HOURLY PAY BEFORE GOING ON THE FLOOR (APPROXIMATELY 3-5 DAYS)? SIGNATURE\_\_\_\_\_

ARE YOU WILLING TO ATTEND ALL SCHEDULED MEETINGS? **YES NO**

**EXPECTATIONS**

WHAT DO YOU EXPECT FROM MANAGEMENT? \_\_\_\_\_  
\_\_\_\_\_

PLEASE GIVE A FEW REASONS WHY YOU THINK WE SHOULD HIRE YOU. \_\_\_\_\_  
\_\_\_\_\_

ARE YOU TAM (Techniques in alcohol management) OR TIPS CERTIFIED? **YES NO** IF YES PLEASE PROVIDE DOCUMENTATION

**EMPLOYMENT HISTORY (PLEASE FILL IN MOST RECENT EMPLOYERS FIRST)**

1) NAME OF COMPANY \_\_\_\_\_ HIRE / END DATES \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
REASON FOR LEAVING? \_\_\_\_\_ MAY WE OBTAIN A REFERENCE? \_\_\_\_\_

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2) NAME OF COMPANY \_\_\_\_\_ HIRE / END DATES \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
REASON FOR LEAVING? \_\_\_\_\_ MAY WE OBTAIN A REFERENCE? \_\_\_\_\_

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3) NAME OF COMPANY \_\_\_\_\_ HIRE / END DATES \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
REASON FOR LEAVING? \_\_\_\_\_ MAY WE OBTAIN A REFERENCE? \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE INITIALLY CALLED \_\_\_\_\_ DATE HIRED \_\_\_\_\_ START DATE \_\_\_\_\_

POSITION HIRED \_\_\_\_\_ HIRING MANAGER \_\_\_\_\_

TENTATIVE SCHEDULE:

<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>