

APPLICATION FOR EMPLOYMENT (EOO)

DATE _____ **We Do Random Drug Screening**

POSITION APPLYING FOR. _____ **YEARS EXPERIENCE** _____

PERSONAL INFORMATION: (please print clearly)

NAME _____ TELEPHONE# _____

ADDRESS _____ CITY _____

STATE/PROVINCE _____ ZIP CODE _____

Are you over 18 years of age? YES _____ NO _____ (If no, a work permit will be required)

IN CASE OF EMERGENCY NOTIFY:

NAME _____ TELEPHONE# _____

ADDRESS _____ CITY _____

STATE/PROVINCE _____ ZIP CODE _____

AVAILABILITY: Are you legally able to be employed in this country? YES NO (If hired, verification is required by law)

Do you have restaurant experience? YES NO Looking for? Part time _____ Full time _____ Date available _____

Hours available to work: SUN _____ M _____ T _____ W _____ TH _____ F _____ S _____

SCHOOL MOST RECENTLY ATTENDED:

NAME _____ TELEPHONE# _____

ADDRESS _____ CITY _____

STATE/PROVINCE _____ ZIP CODE _____

COUNSELOR _____ GRADE COMPLETED _____ AVERAGE _____

NOW ENROLLED: YES _____ NO _____ GRADUATED: YES _____ NO _____

MOST RECENT EMPLOYMENT:

COMPANY _____ **TELEPHONE #** _____

ADDRESS _____ **CITY** _____

STATE/PROVINCE _____ **ZIP CODE** _____

Position _____ **Name of supervisor** _____

Dates worked: From _____ **To** _____

Reason for Leaving _____

COMPANY _____ **TELEPHONE #** _____

ADDRESS _____ **CITY** _____

STATE/PROVINCE _____ **ZIP CODE** _____

Position _____ **Name of supervisor** _____

Dates worked: From _____ **To** _____

Reason for Leaving _____

Do we have your permission to contact your current employer? YES _____ NO _____ If no please explain _____
