

EMPLOYMENT APPLICATION

DIRECTIONS

- Type or print, using black ink or marker pen.
- If you need additional space, attach another sheet of paper.
- · Do not forget to sign the application.

GENE	RAL							
NAME (LAST)	(FI	RST)	(MIDDLE)	SOCIA	L SECURITY NO.	DATE OF APPLICATION		
PRESENT ADDRESS	(STREET, CITY, STATE, ZIP	CODE)		PHONE NO DAY		PHONE NO EVENING		
ADDRESS WHERE Y	OU MAY BE CONTACTED IF DIFF	FERENT FROM PRESEN	T ADDRESS	ALTERNATE PHONE NO.		ARE YOU UNDER 18? ARE YOU OF LEGAL AGE TO SERVE ALCOHOLIC BEVERAGES?		
IF HIRED, CAN YOU	PROVIDE PROOF OF CITIZENSH	IIP OR LEGAL RIGHT TO	WORK? YES	NO	1			
CONSIDERED ONLY TAKEN INTO ACCOU								
POSIT	ION					Seasonal	help:	
POSITION APPLYING	à FOR		SOURCE OF REFERRAL			Yes No		
DATE AVAILABLE	POSITION DESIRED FULL-TIME PART-TIME		SPECIFY DAY OR EVENING SHIFTS, DAYS OF THE WEEK, AND TIMES FOR WI			/ORK		
EMPI (OYMENT REC	ORD	LIST	MOST BECEN	T EMPLOYM	ENT EIDET	<u> </u>	
START DATE			TION TITLE		_		CONTACT THIS EMPLOYER?	
EMPLOYER	I	LAST SUPER	ERVISOR'S NAME			REASON FOR LEAVING		
STREET ADDRESS, 0	CITY, STATE, ZIP CODE					PHONE ()		
POSITION DESCRIPT	TION					1		
START DATE	ART DATE END DATE F		FINAL POSITION TITLE		FINAL WAGES MAY WE		CONTACT THIS EMPLOYER?	
EMPLOYER LAST SUPI			RVISOR'S NAME			REASON FOR LEAVING		
STREET ADDRESS, (CITY, STATE, ZIP CODE					PHONE		
POSITION DESCRIPT	TION					()	<u> </u>	

2 EMP	LOYN	MENT	RECO	RD CONTINU	JED							
START DATE END DATE		<u>:</u>	FINAL POSITION TITLE		FINAL WAGES		ES	MAY WE CONTACT THIS EMPLOYER?				
EMPLOYER				LAST SUPERVISOR'S NAME					REASON FOR LEAVING			
STREET ADDRESS	S, CITY, STA	TE, ZIP CODI	<u> </u>						PHONE)			
POSITION DESCR	IPTION											
EDUC	CATIO	N & 7	TRAINII	VG								
	GRADUATE?		TYPE OF	MAJOR SUBJECT			NAME OF SCHOOL					
COLLEGE UNIVERSITY	YES	NO	DEGREE OR DIPLOMA									
OR TECHNICAL SCHOOL							CITY & STATE					
	GRADUATE?		TYPE OF	MAJOR SUBJECT			NAME OF SCHOOL					
COLLEGE UNIVERSITY OR	YES	NO	DEGREE OR DIPLOMA									
TECHNICAL SCHOOL					CITY & STATE							
	GRADUATE?		TYPE OF	MAJOR SUBJECT			NAME OF SCHOOL					
HIGH SCHOOL LAST ATTENDED	YES	NO	DEGREE OR DIPLOMA	CITY & STATE								
LANGUAGE ABILIT	TYLIST ONI	_Y THOSE YO	OU COULD USE I	N YOUR WORK								
ENGLISH	SPE <i>F</i>	AK READ	WRITE	OTHER	SPEAK	READ	WRITE	OTHER	SPEAK	READ	WRITE	
PROFESSIONAL C			IATIONS, HONOF	RS, CERTIFICATIONS, AND P					THE POSITION FOI			
NEFE	REIN	CES		WIL	L PERMIT	T US TO	CONTACT, W DUCATION.	HO HAVE K	NOWLEDGE OF	YOUR WO	DRK	
NAME/TITLE/RELA	TIONSHIP T	O APPLICAN	T L	AST KNOWN ADDRESS						PHONE NUM	BERS	
AUTH	IORIZ	ZATIO	N	API	PLICATIO	ON MUST	BE SIGNED F	RIOR TO SI	JBMITTING.			
personal inves in this applicati	tigative re	eports on r	me, including ime, if provid	authorized agent, to but not limited to state ed), character informati certify that such staten	ements ion, my	in this fo	orm, or on any ge in the even	resume pro t of employm	vided by me, is	cause for runderstand	of facts called for refusal to hire, or that employment time.	
Date				Signature								

NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF RACE, COLOR, ETHNICITY, NATIONAL ORIGIN, SEX/GENDER, SEXUAL ORIENTATION, RELIGION, CREED, DISABILITY (INCLUDING HIV STATUS), AGE, VETERAN STATUS, MARITAL STATUS OR EX-OFFENDER STATUS, OR ANY OTHER CATEGORY PROTECTED BY LAW. EMPLOYMENT IS CONTINGENT UPON FURNISHING EVIDENCE OF IDENTITY AND EMPLOYMENT ELIGIBILITY IN THE UNITED STATES.