



MEMBER

**EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME		
FIRST-	LAST-	MIDDLE INITIAL-
ADDRESS-		
CITY-	STATE-	ZIP-
SOCIAL SECURITY NUMBER-		
HOME PHONE-	CELL PHONE-	OTHER-
EMAIL ADDRESS (OPTIONAL) -		

**JOB INTEREST**

JOB APPLYING FOR-	SALARY DESIRED-\$
HAVE YOU EVER APPLIED OR EVER WORKED HERE BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF HIRED, WOULD YOU HAVE RELIABLE MEANS OF TRANSPORTATION TO & FROM WORK?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INDICATE AVAILABILITY TO WORK	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
ARE YOU AT LEAST 18 YEARS OLD?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**EDUCATION**

	NAME OF SCHOOL	LOCATION	SPECIAL TRAINING-MAJOR	GRADUATE?
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				

**EMPLOYMENT HISTORY**

(PLEASE LIST YOUR LAST THREE EMPLOYEES)

EMPLOYER-	JOB TITLE-
PHONE NUMBER-	SUPERVISOR'S NAME
ADDRESS-	STARTING PAY \$                      ENDING PAY \$
EMPLOYMENT DATES (MO/YR)    FROM                      TO	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
DUTIES-	REASON FOR LEAVING-

EMPLOYER-	JOB TITLE-
PHONE NUMBER-	SUPERVISOR'S NAME
ADDRESS-	STARTING PAY \$                      ENDING PAY \$
EMPLOYMENT DATES (MO/YR)    FROM                      TO	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
DUTIES-	REASON FOR LEAVING-

EMPLOYER-	JOB TITLE-
PHONE NUMBER-	SUPERVISOR'S NAME
ADDRESS-	STARTING PAY \$                      ENDING PAY \$
EMPLOYMENT DATES (MO/YR)    FROM                      TO	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
DUTIES-	REASON FOR LEAVING-

OTHER THAN THE EMPLOYMENT DESCRIBE IN THE PREVIOUS PAGE, PLEASE BRIEFLY DESCRIBE ANY OTHER EMPLOYMENT YOU HAVE HELD IN THE RESTAURANT INDUSRTY

BRIEFLY DESCRIBE ANY OTHER REASONS OR EXPERIENCE THAT DEMONSTRATES WHY YOU BELIEVE YOU ARE QUALIFIED FOR EMPLOYMENT WITH US

### PROFESSIONAL REFERENCES

(LIST THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST 3 YEARS.)

NAME-	TELEPHONE NUMBER-
ADDRESS-	COMPANY-
OCCUPATION-	NUMBER OF YEARS ACQUAINTED-

NAME-	TELEPHONE NUMBER-
ADDRESS-	COMPANY-
OCCUPATION-	NUMBER OF YEARS ACQUAINTED-

NAME-	TELEPHONE NUMBER-
ADDRESS-	COMPANY-
OCCUPATION-	NUMBER OF YEARS ACQUAINTED-

### PERSONAL REFERENCES

NAME-	TELEPHONE NUMBER-
ADDRESS-	NUMBER OF YEARS ACQUAINTED-

NAME-	TELEPHONE NUMBER-
ADDRESS-	COMPANY-
OCCUPATION-	NUMBER OF YEARS ACQUAINTED-

NAME-	TELEPHONE NUMBER-
ADDRESS-	COMPANY-
OCCUPATION-	NUMBER OF YEARS ACQUAINTED-

### AUTHORIZATION

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

I authorize investigation of all statements contained herein and the references and employers listed above to give 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.

I also understand and agree that representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act(ADA) and other relevant federal and state laws."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_