

POSITION APPLIED FOR

BBG's

FOR OFFICE USE ONLY

APP FOR

DATE

EMPLOYEE NUMBER

DATE STARTED

EMPLOYMENT

DEPARTMENT

Kitchen Bar Café Arcade

(Please answer all questions)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME: LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
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PRESENT ADDRESS	CITY	STATE	ZIP CODE
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PHONE

How long have you lived at the above address?

Are you 18 years old or older? Yes No If not, state date of birth ____/____/____

If under age 18, how many hours per week are you employed elsewhere? _____ hours

Have you had any name changes we should know about in order to verify job or education history? Yes No Previous Name _____

Do you have transportation to and from work? Yes No Are you authorized to work in the U.S.? Yes No

Position applied for? _____ Date you can start ____/____/____ Salary desired _____

Are you applying for Full Time Part Time Temporary Days Only Nights Only Days/Nights

Who recommended you for this position? _____

EDUCATION

SCHOOLING	NAME AND ADDRESS OF SCHOOL	GRADE or DEGREE	
		COMPLETED	GRADUATE YES NO
High School			
College or University			
Others (Specify)			
Military Service Schools Attended			
Military Service Record	War Veteran Yes No	Branch	From: (Date) To: (Date) Highest Grade

PLEASE CHECK THE KIND OF WORK YOU HAVE DONE:

- | | | |
|------------|-----------------|----------------|
| Bartender | Dietitian | Pot Washer |
| Bookkeeper | Dishwasher | Salad |
| Bus Person | Food Prep | Sandwiches |
| Carver | Fountain | Vegetable Cook |
| Chef | Host or Hostess | Wait Staff |

Cook
Cook Helper
Counter

Kitchen Helper
Manager
Pastry Cook

Wait Staff-Arm Service
Wait Staff-Tray Service

PREVIOUS RESTAURANT EXPERIENCE

(LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST)

EMPLOYMENT - Last Company First	COMPANY	YOUR	IMMEDIATE	TITLE	EMPLOYMENT	YEARLY	REASON FOR
	BUSINESS	POSITION	SUPERVISOR		DATES	SALARY	LEAVING
Company Name					Date Started	Salary	
Address _____							
Phone _____					Date Left	Salary	
Job Duties							

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Job Duties							

Are there any job duties that you would be unable to perform? _____

Is there anything we could do to accommodate you so you could perform all the required job duties? _____

Have you ever been convicted of a Felony? Yes No If yes, where? _____ When? _____

Are you now employed? Yes No Telephone number _____

IN CASE OF EMERGENCY NOTIFY – (NAME, ADDRESS, PHONE) RELATIONSHIP, IF ANY

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1. I authorize investigation of all statements contained in this application.
 2. I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment is substantially dependent on truthful answers to the forgoing inquiries.
 3. I have read these statements and answers to these inquiries. Yes No

Date _____ Signature _____
