



# Application for Employment

Personal Information				
Last Name		First Name		M.I.
Present Address		City	State	Zip
Other Address				
Email		Home Phone ( )	Cell Phone ( )	
Position you are applying for?				
Where did you learn about the position you are applying for?	<input type="checkbox"/> Friend/Employee		<input type="checkbox"/> Internet (please specify)	
	<input type="checkbox"/> Drop in		<input type="checkbox"/> Other (please specify)	
I am seeking	<input type="checkbox"/> Full-Time work			
	<input type="checkbox"/> Part-Time work. Requested hours per week (provide a range)			
Requested hourly rate \$				
Can you start work immediately?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If not, when are you available?	

Employment Information	
Are you presently legally authorized to work in the United States on a full time basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any friends/family currently employed by our company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, identify their name(s) and position(s):	
Have you ever applied to this company before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state when and for what position:	
If hired, can you furnish proof that you are at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you furnish proof that you are at least 21 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a current California Food Handler Card/Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a current Responsible Alcohol Service Card/Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education	Name, City and State	Degree Completed	Course of Study	Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Education/Training		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Certifications		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment Background			
Please list your last three employers, starting with the most recent. Please describe your situation if there are any periods of unemployment in your history. If self-employed, list your company's name and business references.			
Most Recent Employer			
Name			
Address			
Position/Title	Hire Date	To	
Manager			
May we contact this employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer			
Name			
Address			
Position/Title	Hire Date	To	
Manager			
May we contact this employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer		
Name		
Address		
Position/Title	Hire Date	To
Manager		
May we contact this employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History Explanations (if needed)

**Reference**

Please list references from your last 3 employers, starting with the most recent. If self-employed, list your company's name and business reference. If there is a period of unemployment, list a reference that is unrelated to you for that period of time.

Name	Title	Relationship	Telephone	Years Known

**Certification**

Please read each paragraph carefully, initial each paragraph, and sign below. Your initials signify that you have read, understood and agreed to the provisions initialed.

This employer takes very seriously false or misleading information provided by applicants on a job application, resume, and other application related materials, including statements made in job interviews. Any representation made by a job applicant that contains false or misleading information, or omits significant information, will result in employer's refusal to hire the applicant or, if discovered after employment commences, will be grounds for immediate termination of employment. My initials below, and signature on this application, certify that this application was completed by me, and that all information contained in my application is true and correct.

\_\_\_\_\_ **(initial here)**

I hereby authorize the references I have listed to provide information to employer relevant to my application for employment, including information regarding my current and/or previous employment. In addition, I hereby agree to release all persons, schools, and employers of any and all claims, demands or liabilities arising out of, or in any way related to such disclosure. For positions within the City of San Francisco, pursuant to the San Francisco Fair Chance Ordinance, the employer will consider qualified applicants with arrest and conviction records for employment. For positions for work within the City of Los Angeles, pursuant Los Angeles's Fair Chance Initiative for Hiring Ordinance (FCIHO), the employer is prohibited from inquiring into a job applicant's criminal history before making a confidential offer of employment to the applicant whereby this request to provide information is not for any information directly or indirectly for criminal history information.

\_\_\_\_\_ **(initial here)**

If hired, I understand and agree I may terminate my employment with employer at any time, for any reason or no reason, with or without notice to employer, and that employer may terminate my employment at any time, for any reason or no reason, with or without notice to me. If hired, I understand and agree that my employment with employer is for no specified term. No one other than employer has the authority to alter this policy of "at-will" employment, and that any change of that policy must be in writing and signed by an authorized company representative. This at-will provision supersedes all prior understandings or agreements regarding the nature of any employment relationship with employer.

\_\_\_\_\_ **(initial here)**

**Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

For Company Use Only			
Interviewed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1st:	_____	2nd:	_____ 3rd: _____
Employed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Starting Date: _____
Job Title:	_____	Dept:	_____ Salary: _____
By:	_____	Date:	_____
Name and Title			