



APPLICATION FOR EMPLOYMENT

Personal Information

Name: _____ SS #: _____ - _____ - _____
 Street Address: _____ Home Phone: () _____ - _____
 City/State/Zip: _____ Cell Phone: () _____ - _____
 E-mail Address: _____ Preferred Method of Contact: _____

Emergency Contact

Name: _____ Phone Number _____ Relationship _____

Employment Information

Position Desired: _____ Desired Pay: _____ No. of Hours Desired _____ Full Time Part Time
 Date Available to Start: _____ Do you have a reliable means of transportation? Yes No
 Have you applied to this company before? Yes No When/Where? _____

Please list any times you are NOT available to work and reasons (i.e. School, Work):

Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
Reason							

We require that an employee must be 18 years of age or older to be hired for certain positions.

Are you at least 18 years old? Yes No Can you provide proof? Yes No

Have you ever plead guilty or been convicted of a a crime? Yes No

If yes, please explain: _____

Education History (Circle highest level acheived)

Grade Completed (Circle)	Secondary					College/Trade School							
	9	10	11	12	GED	1	2	3	4	5	6	7	8
Name of School													
Location of School													
Area of Study (if applicable)													

Licenses and Certifications

TABC Yes No Expiration Date: _____

Food Safety Yes No Expiration Date: _____

Do you speak any other languages? Yes No If yes, please list them _____

Subjects of special study/other training/skills: _____

Work History (Beginning with most recent)

Dates of Employment: From ___/___/___ To ___/___/___ Position Held: _____

Company Name: _____ City/State: _____

Phone: _____ Supervisor and Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

Dates of Employment: From ___/___/___ To ___/___/___ Position Held: _____

Company Name: _____ City/State: _____

Phone: _____ Supervisor and Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

Dates of Employment: From ___/___/___ To ___/___/___ Position Held: _____

Company Name: _____ City/State: _____

Phone: _____ Supervisor and Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

References

Please provide the names of 3 non-relatives known for at least 1 year.

Name	Company	Contact Number	Years Known

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 any and all statements contained herein and the contacts listed above to give you any & all pertinent information, personal or otherwise, and release the company from any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for a 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."

Signature

Date