

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER STORE #____

| PERSONAL INFO | DRMATION | DATE: | DATE: | | | | | | |
|-----------------------------|--|-----------------|--------------------|------------------------|------------------|--|--|--|--|
| NAME (LAST NAME FIRS | T) | | | SOCIAL SECURITY NO. | | | | | |
| PRESENT ADDRESS | | СІТҮ | | STATE | ZIP CODE | | | | |
| | | | | | | | | | |
| PERMANENT ADDRESS | | CITY | | STATE | ZIP CODE | | | | |
| PHONE NO. | | REFERRED BY | | | | | | | |
| () | | | | | | | | | |
| EMPLOYMENT I | DESIRED | | | | | | | | |
| POSITION (circle all that a | apply) | ☐ FULL-TIME | DATE YOU CAN ST | ART | SALARY DESIRED | | | | |
| HOST SERVER COOK F | BUSSER DISHWASHER MANAGER | ☐ PART-TIME | | | | | | | |
| ARE EMPLOYED NOW? | ARE YOU LEGALLY AUTHORIZED TO WORK IN TH | HE USA? | EVER WORKED AT ANY | ORIGINAL PANCAKE HOUSE | E RESTAURANT? | | | | |
| ☐ YES ☐ NO | ☐ YES ☐ NO | iO | ☐ YES☐ NO | | WHERE? | | | | |
| INDICATE WHICH DAYS | YOU ARE AVAILABLE (6:30 A.M 3:30 | P.M.) (SOME LOC | ATIONS SAT. & SUN | . UNTIL 5:30 P.M.) | | | | | |
| MONDAY TUES | SDAY WEDNESDAY | THURSDAY | FRIDAY | _ SATURDAY | SUNDAY | | | | |
| ARE YOU 16 YEARS OR (| | ARE YOU 18 YEA | ARS OR OLDER? | □ NO | | | | | |
| EDUCATION | | | | | | | | | |
| NAME & LOCATION OF S | 3CHOOL | | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED | | | | |
| HIGH SCHOOL | | | | | | | | | |
| COLLEGE | | | <u> </u> | <u> </u> | | | | | |
| TRADE OR BUSINESS | | | | | | | | | |
| GENERAL INFOI | PM ATION | | | | | | | | |
| | STUDY OR RESEARCH WORK | | | | | | | | |
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| 1 | | | | | | | | | |
| SPECIAL TRAINING | | | | | | | | | |
| 1 | | | | | | | | | |
| 1 | | | | | | | | | |
| SPECIAL SKILLS | | | | | | | | | |
| 1 | | | | | | | | | |
| | | | | | | | | | |

APPLICATION FOR EMPLOYMENT

| NAME PHONE BUSINESS PEMPLOYER SALARY POSITION REASON FOR LEAVING TO COMBRET PHONE BUSINESS PEMPLOYER NAME PHONE BUSINESS PEMPLOYER NAME PHONE BUSINESS PEMPLOYER NAME PHONE BUSINESS PEMPLOYER To criffy 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 you any and all information concerning my previous employment and any pertition 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 no 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 walver 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: | FORMER EMPLOYI | ERS (BEGIN WITH MOST RECENT | EMPLOYER) | | | | | |
|---|--|--|---|---|---|---------------------------------|--|--|
| TO RECOM TO RECOM TO REPROM TO REFERENCES NAME PHONE BUSINESS TEARS ANCOWN To 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 you 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 my 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 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: DO NOT WRITE BELOW THIS LINE NTERVIEWED BY: DATE: DATE: | DATE, MONTH AND YEAR | NAME & ADDRESS OF EMPLOYER | | SALARY | POSITION | REASON FOR LEAVING | | |
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| | otherwise, and release I also understand and employment for any spe and signed by an author This waiver does not p | the company from all liability for a l agree that no representative of t ecified period of time, or to make rized company representative. permit the release or use of disab | any damage that not not company has a company has a company agreement complitively and the complitive related or me | nay result from uti any authority to er entrary to the foregonical dical information i | lization of such info nter into any agreem going, unless it is in | rmation. nent for writing | | |
| NTERVIEWED BY: DATE: | DATE: SIGNATURE: | | | | | | | |
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| REMARKS | NTERVIEWED BY: | | | | DATE: | | | |
| | REMARKS | | | | | | | |
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