

RETAIL

 RESTAURANT

 KITCHEN

PERSONAL INFORMATION

NAME	SOCIAL SECURITY	DATE
PRESENT ADDRESS	CITY	STATE – ZIPCODE
PERMANENT ADDRESS	CITY	STATE – ZIPCODE
PHONE	REFERRED BY	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER	WHEN?
	HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?	WHEN?

EDUCATION HISTORY

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	DEGREE EARNED
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS/ CORRESPONDENCE SCHOOL				

EXPERIENCE

List below last four employers, starting with most recent first

DATE FROM - TO	EMPLOYER NAME AND ADDRESS	SALARY	POSITION	REASON FOR LEAVING

EXPERIENCE

RESTAURANT

	WHERE
HOSTING	
FOOD RUNNING	
WAITING TABLES	
BUSSING	
BARTENDING	
MANAGEMENT	
CUSTOMER SERVICE	

RETAIL

	WHERE
DISPLAY/MERCHANDISING	
CASHIER/REGISTER	
CUSTOMER SERVICE	
SALES	
GIFT WRAP/BASKETS	
MANAGEMENT	
COFFEE / CANDY	

REFERENCES

NAME	ADDRESS	BUSINESS	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 on all statements contained herein and the referenced and employer listed above to give you and any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. And release the company from al liability for any damage that may result from utilization of such information

I also understand and agree that no representative of the company has nay authority to enter into any agreement for employment for any specified period of time, or 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 _____ APPLICANT SIGNATURE _____

DATE _____ INTERVIEWER SIGNATURE _____