



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Last Name:		First Name:		M.I.	Date:
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available				Desired Hourly Rate	

Position Applied For

Are you authorized to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever worked for this company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, when?
Do you have a food handlers card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have a OLCC Permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you over 18?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you over 21?
			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

PLEASE INDICATE THE HOURS YOU ARE AVAILABLE TO WORK

			Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
FROM:										
TO:										
OTHER:										

EDUCATION

High School		Address			
From	To	Did you Graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree
College		Address			
From	To	Did you Graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you Graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree

PROFESSIONAL REFERENCES

Please list three professional references.

Full Name	Relationship	Phone
Company		Company Address
Full Name	Relationship	Phone
Company		Company Address
Full Name	Relationship	Phone
Company		Company Address



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PREVIOUS EMPLOYMENT		
Company		Phone
Address		Supervisor
Job Title	Starting Pay	Ending Pay
Responsibilities		
Dates of Employment	From	To
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title	Starting Pay	Ending Pay
Responsibilities		
Dates of Employment	From	To
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title	Starting Pay	Ending Pay
Responsibilities		
From	To	Reason For Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
MILITARY SERVICE		
Branch	From	To
EMERGENCY CONTACT INFORMATION		
Name Of Emergency Contact:	Phone Number:	Relationship:
DISCLAIMER AND SIGNATURE		
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.		
Signature:		Date: