



CRESCENT BEACH RESTAURANT

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

NAME (FIRST AND LAST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS:		CITY:	STATE: ZIP CODE:
PERMANENT ADDRESS:		CITY:	STATE: ZIP CODE:
PHONE NUMBER: HOME:	CELL:	EMERGENCY CONTACT, NAME & PHONE NUMBER	

EMPLOYMENT DESIRED:

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
ARE YOU EMPLOYED	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

EVER APPLIED TO THIS COMPANY BEFORE IF SO, WHEN:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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EVER APPLIED TO THIS COMPANY BEFORE IF SO, WHEN:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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ARE YOU 18 YEARS OR OLDER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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EDUCATION HISTORY:

GRAMMAR SCHOOL:	YEARS ATTENDED:	DID YOU GRADUATE?	SUBJECT STUDIED
HIGH SCHOOL:			
COLLEGE:			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL:			

WORK HISTORY:

MONTH & YEAR:	NAME & ADDRESS OF EMPLOYER:	SALARY:	POSITION	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 3 YEARS:

NAME:	ADDRESS:	BUSINESS:	YEARS KNOWN:

CURRENT AVAILABILITY:

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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 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 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 waiver does not permit the release of 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

I also understand and agree that should I be hired, I will not discuss procedures, policies, menus, payroll or anything else related to the operation of this restaurant”

DATE: _____ **SIGNATURE:** _____

INTERVIEWED BY: _____ **DATE:** _____

REMARKS:

