APPLICATION FOR EMPLOYMENT

Date _____

Name _____ _____ _____

                First   Middle   Last

Date of Birth:_____/_____/_____(Must be 16yrs or older)   Please Circle: Male / Female

Social Security Number:_____-_____-_____

Do you possess a valid driver's license? Yes[ ] No[ ] Which state? _____

Driver's license #_____ Are you legally authorized to be employed in the USA? Yes[ ] No[ ]

Address_____

City_____State_____Zip_____

Current Phone_____

E-Mail Address_____

Have you ever been convicted of a felony? Yes[ ] No[ ] If yes, please explain

_____

Position Desired_____ Salary Desired _____

Do you have a Food Handler's permit?   Yes / No

Do you have a TABC permit?   Yes / No

Do you have a reliable form of transportation? _____

What are your dates of availability?

	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
DAY 8am-4pm							
NIGHT 3pm-close							

Education Information

	School Name, City, and State	Graduated	Degree Received
High School		Yes [ ]No [ ]	
Other		Yes [ ]No [ ]	

Employment History
List prior work experience beginning with your current or most recent position.

Company Name _____ Employed from_____ to _____

Address(Street, City, State, Zip)_____

Name & Title of Immediate Supervisor_____

Telephone_____

Your Title _____ Reason for leaving_____

Description of Responsibilities _____

_____

Company Name _____ Employed from_____ to _____

Address(Street, City, State, Zip)_____

Name & Title of Immediate Supervisor_____

Telephone_____

Your Title _____ Reason for leaving_____

Description of Responsibilities _____

_____

May we contact the employers listed above? If not, indicate the one(s) you do not wish us to contact and why.
_____
_____

Personal References
List two individuals able to give character references. You should include former employers or school administrators, but not your relatives.

Name_____ Phone_____

Occupation_____ Relationship to Applicant_____

Name_____ Phone_____

Occupation_____ Relationship to Applicant_____

Use this box to list any other skills OR disabilities we should know about: