

G A R A G E

g r i l l & f u e l b a r

APPLICATION FOR EMPLOYMENT

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

Last Name _____ First Name _____ Middle _____

Street Address _____

City _____ State _____ ZIP _____

Telephone _____ Social Security # _____

Position applied for _____ How did you hear of this opening? _____

When can you start? _____ Desired Wage \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No

If no, what days and hours are you available?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours Avail.							

Have you been employed at (Fill in name) before? Yes No

Do you currently have a family member employed by (Fill in Name) ? Yes No

If yes, relationship? _____

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes No

If yes, please describe conditions. _____

Education:	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Employment History: (Start with most recent employer)

DATE: MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	AMT. PER HR. OR WKLY. SALARY	POSITION OR DUTIES	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

Comments: (including explanation of any gaps in employment) _____

References:

Give the names of 3 persons not related to you, whom you have known at least one year.

NAME	ADDRESS & PHONE	BUSINESS OR PROFESSION	YEARS ACQUAINTED
1.			
2.			
3.			

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature _____ Date _____