DATE	:				
		 			 _



## **Application for Employment**

Pre-Employment Questionnaire

NAME:			Are you over 18 years of age?:				
ADDRESS:_		;	Social Secu	rity Number:			
TELEPHON	E NUMBER:			REFERRED	BY:		
EMAIL ADD	RESS:						
WHAT POSI	TION ARE Y	OU APPLYIN	IG FOR?			_	
FOR WHICH	I WALL ST. E	BAR/RESTAU	JRANT?				
		WHAT IS Y	OUR AVAI	LABILITY?			
MON	TUES	WED	THURS	FRI	SAT	SUN	
WORK HIST		-		ers (Starting vager, and rea		st recent one ving.	
#1)							

1.) What is your favorite dinner and cocktail items?
2.) If Hollywood made a movie about your life, whom would you like to see play the le role as you?
3.) What is your favorite Orlando, FL restaurant?
4.) Have you ever been kicked out of a bar and why?
5.) Do you prefer to be inside or outside?
6.) If you had a super power, what would it be?
7.) What are your Top 3 favorite bands?
8.) If you could have only 3 electrical appliances in your house, what would they be an why?

9.) What is your most embarrassing moment?
10.) People are surprised when they find out I