POSITION APPLIED FOR	
DATE	

APPLICATION FOR EMPLOYMENT GECKO'S HOSPITALITY GROUP



For Office Use Only DATE STARTED

EMPLOYEE NUMBER

DEPARTMENT Kitchen Bar Dining Room

NOTICE: Applicant should read the following information carefully before filing out any of the questions on this form. We are an equal opportunity employer and fully subscribe to the principles of equal opportunity. It is our policy to seek and employ the best qualified personnel in all positions without regard to race, color, religion, age, sex, disability, national origin or any other basis made unlawful by either state or federal law. It is our policy to comply with all federal and state employment statutes. Information requested on this application will not be used for any purpose prohibited by law. A job description for the position for which you are applying is attached hereto and incorporated herein.

NAME: LAST	FIRST	MIDDLE		SOCIAL SECURITY NUMBER
PRESENT ADDRESS	CITY		STATE	ZIP CODE
() PHONE	How lor	ng have you lived at t	he above address?	
Are you 18 years old or older? □ Yes □ N	lo If not, state o	date of birth	<u> </u>	
Have you used any other legal names in the last	10 years? 🗆 Yes 🗆	No Previous N	Name	
Are you authorized to work in the U.S.?	s 🗆 No			
Position applied for:	Da	ate you can start:	<u> </u>	
Are you applying for: □ Full Time □ Part Tir	ne 🛛 🗆 Days Only	□ Nights Only	Days/Nights	

Who recommended you for this position?

EDUCATION									
	NAME AND ADDRESS OF SCHOOL	GRADE or DEGREE	GRADUATE						
		COMPLETED	YES	NO					
High School									
College or University									
Others (Specify)									
Certifications/Licenses									

PLEASE INDICATE EXPERIENCE/SKILLS YOU HAVE IN THE HOSPITALITY INDUSTRY:

□ Bartender

- Server
- □ To Go Counter
- □ Line Cook □ Chef
- Dishwasher
 Vegetable Prep
- Prep Cook
- □ Bus Person

Pastry Cook
 Sandwiches
 Manager

Sous Chef
Prep Cook
Pantry

PREVIOUS HOSPITALITY INDUSTRY EXPERIENCE

(LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST)

EMPLOYMENT Last Company First	COMPANY BUSINESS	YOUR POSITION	IMMEDIATE SUPERVISOR	TITLE	EMPLOYME NT DATES	YEARLY SALARY	REASON FOR LEAVING
1) Company Name					Date Started	Salary	
Address							
					Date Left	Salary	
Phone	-						

Job Duties:

2) Company Name			Date Started	Salary	
Address					
Phone			Date Left	Salary	

Job Duties:

3) Company Name			Date Started	Salary	
Address					
Phone			Date Left	Salary	

Job Duties:

Do you require any accommodations to perform the physical or mental demands of the position you are seeking? provide a summary of the accommodations requested:					
Have you ever applied to this company before?	□ Yes	□ No	If yes, where?	When?	
Are you currently employed? \Box Yes \Box No					
IN CASE OF EMERGENCY NOTIFY (NAME, AD	DRESS,	PHONE): RELATIONSHIP, IF AN	Y:	

1. Gecko's Hospitality Group maintains a safe and drug free environment for all its team members. As a condition of your employment, you may be required to participate in drug testing consistent with Florida law. Gecko's Hospitality Group reserves the right to deny employment to any applicant who tests positive for drugs.

2. I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment is substantially dependent on truthful answers to the foregoing inquiries and my ability to meet the minimum requirements of the job description.

3. I have read these statements and answers to these inquiries.

Yes No