Dockside Cafe - Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

** PLEASE PRINT CLEARLY **

Position(s) applied for		Date /		
How did you find out about this job?	Newspaper ☐ Employee ☐ Walk-in	☐ Relative ☐ Other		
Why are you seeking a new job at this time	?			
Applicant Information				
First Name	Middle	Last		
Street Address	Social Security No			
City/State/Zip	Phone ()			
If hired, do you have a reliable means of tra	ansportation to get to work?	Describe		
Are you at least 18 years old? If	you are under 18 years of age, can you	ı furnish a work permit?		
If the job you are applying for requires driv	ring: Driver's License No.	State Expiration Date		
Are you legally eligible for employment in	the U.S.? (Proof of U.S. ci	tizenship or immigration status is required if hired.)		
Have you been convicted of a crime? ☐ Yes (NOTE: The existence of a criminal record does not c		fense and disposition of the case. Include dates and place		
Are you a veteran?	_ If yes, give dates of service: From	To		
List any special skills or training:				
Employment Information Are you seeking full time, part time or temp	porary employment?			
List times you are not available to work?				
Are you willing to work overtime?				
Are you currently employed?	If hired, when would you be able to s	tart?		
List any friends or relatives employed by th	nis company:			
Have you ever been discharged or asked to	resign from any position?	If yes, please describe:		
Education (circle highest level achiev	ved)			
Elementary: 1 2 3 4 5 6 7 8	Secondary: 9 10 11 12 G.E.I	College: 1 2 3 4 5 6 7 8		
Name of School:	Name of School:	Name of School:		
Location of School:	Location of School:	Location of School:		
If in high school, are you enrolled in a reco	Degree & Major:			
If yes, identify program and school:	Minor:			

1.	Company		Phone No. with Area Code ()
	Address		City/State/Zip	
	Dates of Employment: From	То	Salary: Beginning	Ending
	Job Title		Supervisor's Name & Title	
	Describe duties briefly:			
	Specific reason for leaving:			
2.			Phone No. with Area Code (
	Address		City/State/Zip	
	Dates of Employment: From	То	Salary: Beginning	Ending
	Job Title		Supervisor's Name & Title	
	Describe duties briefly:			
	Specific reason for leaving:			
3.	Company		Phone No. with Area Code ()
	Address		City/State/Zip	
			Salary: Beginning	
			Supervisor's Name & Title	
	Describe duties briefly:			
4.			Phone No. with Area Code (
	Address		City/State/Zip	
	Dates of Employment: From	То	Salary: Beginning	Ending
			Supervisor's Name & Title	
			•	
Ma	ay we contact the employers listed a	bove? If not, list	t the employers you do not wish us to o	contact and why:
	norizations & At-Will Emplo		ent	
true ar	nd complete and I understand that any aployment and may be justification for	false information or s m my dismissal from	re that the information provided in this significant omissions may disqualify memployment if discovered at a later day job application is pending or during m	ne from further consideration ate. I agree to immediately
	by agree to submit to any drug test requereafter.	uired of me, whether	prior to my employment or if employe	ed by this company at any
I unde ment o ploym any re	contract between the company and me ent, my employment and compensation	ed in this application, I underson will be at-will, for and that only the com	or conveyed during any interview is in tand and agree that if you employ me, no definite period of time, and may be pany's President is authorized to chang, understand, and agree to the above.	in consideration of my em- terminated at any time, for
Signat	ure		Date	
Name	(please print)			