



EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE				
PLEASE COMPLETE PAGES 1-3.				Date:
Name:				
Last	First	Middle	Maiden	
Present Address:				
Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security No.:	
Telephone:		Email:		
If under 18, please list age:				
Position Applied For:			Days/Hours Available to Work:	
Is your TABC Certification valid? <input type="checkbox"/> Yes <input type="checkbox"/> No			Mon _____ Tue _____	
Expiration Date: ___/___/___			Wed _____ Thurs _____	
Is your Food Handler's Permit valid? <input type="checkbox"/> Yes <input type="checkbox"/> No			Fri _____ Sat _____	
Expiration Date: ___/___/___			Sun _____	
How many hours can you work weekly?			No Preference <input type="checkbox"/>	
Can you work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employment Desired:				
<input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME				
When are you available to begin working?				
EDUCATION & OTHER INFORMATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO. OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College / Trade School				



Have you ever been convicted of felony or misdemeanor that has not been sealed, expunged, pardoned or statutorily eradicated? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.		
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver's License Number:	State of issue:	Expiration Date:
Please list two references <u>other than relatives</u> .		
Name:	Name:	
Position:	Position:	
Company:	Company:	
Telephone:	Telephone:	
Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.		
MILITARY		
Have you ever been in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Experience		
Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.		
Name of Employer:		
Address:	Phone Number:	Employment Dates
Name of Last Supervisor	From:	To:
Reason for Leaving:	Your Last Job Title:	
List the jobs you held, duties performed, skills used or learned while you worked at this company.		

