



# Job Application

Full Name: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Desired Pay: \_\_\_\_\_

Have you worked in food service before?  Yes  No Are you ServSafe certified?  Yes  No

Times Available to Work: Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Favorite Song: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you eligible to work in the U.S.?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If required, are you willing to undergo a pre-employment drug screening?  Yes  No

Do you have any pets?  Yes  No If so, what kind? \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Graduated?:  Yes  No Degree: \_\_\_\_\_

College: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Graduated?:  Yes  No Degree: \_\_\_\_\_

Other Training, Certificates, Trophies, Ribbons, and/or Unrecognized Achievements: \_\_\_\_\_

## Past Employment

1. Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_



2. Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

What do you look for in a workplace? \_\_\_\_\_

What kind of things would you like to avoid at work? \_\_\_\_\_

## References

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Years Known: \_\_\_\_\_ Contact Info: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Years Known: \_\_\_\_\_ Contact Info: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Years Known: \_\_\_\_\_ Contact Info: \_\_\_\_\_

## What Else?

What do you want us to know about you? Tell us more about yourself!

I certify that all answers on this form are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_