

Last Name	First Name	Middle Initial	Today's Date
Street/P.O. Box	Apt. #	City	State ZIP Code
Day Phone No.	Evening Phone No.	Social Security Number	Expected Hourly Pay Rate
Do you have reliable transportation to and from work during our hours of operation? <input type="radio"/> Yes <input type="radio"/> No	Are you applying for a full-time or part-time position? <input type="radio"/> Full-Time <input type="radio"/> Part-Time	How many hours per week do you want to work? Minimum _____ Maximum _____	
Position Applying For:			
<input type="radio"/> Server	<input type="radio"/> Host/Hostess	<input type="radio"/> Kitchen Prep	<input type="radio"/> Busser
<input type="radio"/> Bartender	<input type="radio"/> Cook/Line Cook	<input type="radio"/> Dishwasher	<input type="radio"/> _____

1. If hired, can you submit documents to prove your legal right to work in the U.S.? .....  Yes  No
2. Are you of legal age to serve alcoholic beverages (age requirements may vary by state)? .....  Yes  No
3. We do not permit smoking in the restaurant while on duty. Are you willing to comply? .....  Yes  No
5. Up to 50 lbs. of lifting several times a day is an essential function of kitchen positions.  
Are you willing and able to comply with this requirement? .....  Yes  No
6. Being on your feet for 6-9 hours at a time is a requirement in dining room positions.  
Are you willing and able to comply with this requirement? .....  Yes  No
7. Under what circumstances would you not serve alcohol? \_\_\_\_\_  
\_\_\_\_\_
8. How many jobs have you had in the past year? \_\_\_\_\_ Past two years? \_\_\_\_\_
9. What were the circumstances for leaving each job? \_\_\_\_\_  
\_\_\_\_\_
10. We may train on days you have other obligations. Are you willing to reschedule your plans to come to training? .....  Yes  No
11. Do you have any schedule obligations (e.g., annual trips, vacations, weddings, reserve duty, or holidays) coming up that we need to know about? .....  Yes  No
12. Have you been convicted of a felony that has not been annulled, expunged or sealed by the court? .....  Yes  No
13. What commitments do you have, or do you anticipate, that may affect your schedule? \_\_\_\_\_  
\_\_\_\_\_
14. Are you willing to pick up shifts on short notice? .....  Yes  No
15. Are you willing to work holidays? (We are closed on Thanksgiving and Christmas.) .....  Yes  No

16. Please indicate your availability.

MON	TUES	WED	THURS	FRI	SAT	SUN

17. If hired, what notice do you need to give your current employer? \_\_\_\_\_

18. When would you be available to start? \_\_\_\_\_

19. Why are you applying for a position with us? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

20. If offered a position, how long would you plan to remain with us? \_\_\_\_\_

21. Please explain any specialized training or course work you have completed that relates to the position for which you are applying. \_\_\_\_\_  
 \_\_\_\_\_

22. We have specific requirements for personal appearance for both the dining room and kitchen: clean, proper work apparel, no excessive jewelry or makeup, and good general hygiene.  
 Are you willing to comply with these requirements? .....  Yes  No

Please complete the information requested below regarding your work history. Please do not write "See Résumé."

EMPLOYMENT HISTORY			
	Current or Most Recent Employer	Previous Employer	Previous Employer
NAME OF EMPLOYER			
ADDRESS/LOCATION			
MAY WE CONTACT THIS EMPLOYER? IF NO, PLEASE EXPLAIN.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
SUPERVISOR'S NAME			
PHONE NUMBER			
LENGTH OF EMPLOYMENT	From _____ To _____ Month/Year Month/Year	From _____ To _____ Month/Year Month/Year	From _____ To _____ Month/Year Month/Year
POSITION(S) HELD			
DESCRIPTION OF DUTIES AND RESPONSIBILITIES			
HOURLY PAY RATE	Start                      Last	Start                      Last	Start                      Last
AVERAGE NUMBER OF HOURS WORKED PER WEEK			
REASON FOR LEAVING			

Optional: Emergency Contact Information
Please list the person we should contact in case of an emergency. Name: _____ Phone: _____

Signature \_\_\_\_\_

Date \_\_\_\_\_