



The Mark Twain Dinette

Application for Employment

Personal Information

Name (Last, First)		Social Security No.	
Present Address		City	State Zip
Present Address		City	State Zip
Phone	Secondary Phone	Referred By	

General Information

Have you applied before? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any friends or relatives work for us? If so, who? <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Can you provide proof that you are over 16 ? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you provide proof that you are over 18 ? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you provide proof that you are over 21 ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for us before? If so, under what name? <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Can you read at a 6th grade level? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Class _____ State _____ License No. _____	Do you have a legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you provide documentation of your legal right to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any reason why you could not perform all physical aspects of the job (including the ability to lift up to 50 lb.)? If yes, please provide details on last page. <input type="checkbox"/> Yes <input type="checkbox"/> No	Is additional information concerning change of name necessary to check work or education records? If yes, please provide details on last page. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details (continue on last page if necessary):		
Describe your use of drugs and alcohol: (continue on last page if necessary)		

Education History

	Name and Location of School	Years Attended	Did you graduate?	Subjects Studied?
High School				
College				
Other				
Other relevant skills or certification:				
U.S. Military or Naval Service:			Rank	

Employment Desired

Position	Salary Requirement	Start Date
Would you accept another position? If so, which one?	Which do you prefer? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	Which will you accept? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
Please describe any conflicts with your availability (extracurricular, transportation, child care, family, etc.)	Hours desired for part time?	

Availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Former Employers

Date (Month and Year)	Name of Employer (starting with most recent)		Salary	Position	Reason for Leaving
<i>Start</i>			<i>Start</i>		
<i>End</i>	<i>Phone</i>	<i>City, State</i>	<i>End</i>		
<i>Details:</i>					
<i>Second Most Recent Job.</i>					
<i>Start</i>			<i>Start</i>		
<i>End</i>	<i>Phone</i>	<i>City, State</i>	<i>End</i>		
<i>Details:</i>					

Professional References

Name	Work Relationship	Years Known	Phone

Verification

I certify the information above is complete and accurate to the best of my knowledge. I authorize the individuals, companies, and agencies concerned to provide this company and its agents with all information necessary to verify the statements I have made in this application and I release them from any liability for so doing. I understand I must receive satisfactory references from previous employers, co-workers, and subordinates (if any) before an offer of employment can be made. I understand that incomplete or unsigned applications will not be considered and that false, incomplete, or misleading statements are ground for my discharge. I understand that any offer of employment is contingent upon my passing a prescribed physical examination, proving my identity and documenting my right to work. I understand these policies cannot be changed except in writing.

Signature _____ Print Name _____

Date _____