



## 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				



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

