

Application For Employment

Blondie's

Please Print All Information Requested Except Signature

NAME	<div style="display: flex; justify-content: space-between; font-size: small;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: -10px;"> First Middle Last </div>	DATE	_____
PRESENT ADDRESS			

HOME PHONE ()		CELL PHONE ()	
_____		_____	
E-MAIL ADDRESS _____			

POSITION CHOICES

- | | | | |
|--------------------------------------|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> SERVER | <input type="checkbox"/> SERVICE ASSITANT | <input type="checkbox"/> GREETER | <input type="checkbox"/> BARTENDER |
| <input type="checkbox"/> BAR BACK | <input type="checkbox"/> LINE COOK | <input type="checkbox"/> PREP COOK | <input type="checkbox"/> UTILITY/DISH |
| <input type="checkbox"/> OTHER _____ | | | |

ARE YOU OVER 21 YEARS OF AGEYES NO

WORK AVAILABILITY							
PLEASE SELECT THE DAYS AND TIMES YOU ARE AVAILABLE TO WORK							
	MONDAY	TUESDAY	WEDNES- DAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							

HOW MANY HOURS CAN YOU WORK WEEKLY ? _____

SALARY EXPECTATIONS WEEKLY \$ _____ HOURLY \$ _____

WORK HISTORY

RELEVANT WORK HISTORY. PLEASE INDICATE IF WE MAY NOT CONTACT AN EMPLOYER

1	NAME OF EMPLOYER _____	FROM	MONTH	YEAR
	ADDRESS _____	TO	MONTH	YEAR
	PHONE () _____	POSITION	START	FINAL
	SUPERVISOR _____	RATE OF PAY	START	FINAL
2	NAME OF EMPLOYER _____	FROM	MONTH	YEAR
	ADDRESS _____	TO	MONTH	YEAR
	PHONE () _____	POSITION	START	FINAL
	SUPERVISOR _____	RATE OF PAY	START	FINAL

3 NAME OF EMPLOYER _____ ADDRESS _____ PHONE () _____ SUPERVISOR _____	FROM	MONTH	YEAR
	TO	MONTH	YEAR
	POSITION	START	FINAL
	RATE OF PAY	START	FINAL

EDUCATION EXPERIENCE

TYPE OF SCHOOL	BEGIN END	LOCATION	MAJOR OR DEGREE

- DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION.....YES NO
- HAVE YOU EVER BEEN CONVICTED OF A FELONY..... YES NO
IF YES PLEASE BRIEFLY EXPLAIN

- HAVE YOU EVER BEEN IN THE ARMED FORCES.....YES NO
- ARE YOU NOW A MEMBER OF THE NATIONAL GUARD.....YES NO
- DO YOU HAVE PROOF OF LEGAL RIGHT TO WORK IN THE U.S.....YES NO
- DO YOU HAVE PROOF OF HEP A VACCINATION.....YES NO
- HAVE YOU EVER BEEN TERMINATED FROM A JOB.....YES NO

PLEASE LIST AT LEAST TWO PERSONAL REFRENCES

NAME _____ PHONE _____ RELATION _____

NAME _____ PHONE _____ RELATION _____

I ATTEST THAT ALL INFORMATION IS ACCURATE AND CORRECT. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I HEREBY GIVE MY PERSMISSION FOR THE COLLECTION AND VERIFICATION OF ALL INFORMATION GIVEN HEREIN. ANY MISREPRESENTATION OR OMMISION MAY BE CAUSE FOR TERMINATION.
 SIGNED BY _____

PLEASE SIGN NAME _____ DATE _____