



**AN EQUAL OPPORTUNITY EMPLOYER  
APPLICATION FOR EMPLOYMENT**

**PERSONAL**

Date: \_\_\_\_\_  
           Month                    Date                    Year

Name: \_\_\_\_\_  
                                     First                                    Middle                                    Last

Present Address: \_\_\_\_\_  
                                     Street                                    City                                    State                                    Zip

Phone#: \_\_\_\_\_ Are you 18 yrs or older:  YES  NO

Are you legally able to work in the United States?  YES  NO  
 (Verification and completion on Form I9 must be submitted no later than three business days after date of hire)

**DESIRED EMPLOYMENT**

Location:  Whittier  Lambert  Brea  Any

Position:  Server  Host  Busser  Counter  Bartender  Dishwasher  Driver  Phones  Cook  
 (SPECIFIC POSITION MUST BE LISTED FOR THIS APPLICATION TO BE CONSIDERED)

Date available for employment \_\_\_\_\_ Desired Salary: \_\_\_\_\_ Who referred you to this company? \_\_\_\_\_

Have you ever worked for this company before?  YES  NO If yes, location? \_\_\_\_\_ If yes, dates? \_\_\_\_\_

Have you ever been discharged from a job?  YES  NO If yes, how many times? \_\_\_\_\_ If yes, please explain below: \_\_\_\_\_

**WORK AVAILABILITY**

What shifts/hours are you available to work? (Please list hours in each AM/PM box).

SHIFT	MON	TUES	WED	THUR	FRI	SAT	SUN
AM	to	to	to	to	to	to	to
PM	to	to	to	to	to	to	to

Are you willing to work split shifts?  YES  NO Are you willing to work late in an emergency?  YES  NO

Are you willing to work holidays/weekends?  YES  NO How many hours per week do you expect to work? \_\_\_\_\_

**EDUCATION**

Type of School	Name of School	Location of School	Courses Majored In	Last Year Completed		
High School				9 10 11 12	Diploma YES NO	Grade Avg:
College/Other				1 2 3 4	Degree YES NO	Grade Avg:

## BUSINESS EXPERIENCE

(List most recent three employers)

Present Employer (or most recent)	Phone #	From Mo. Yr.	To Mo. Yr.	Name of Immediate Supervisor	Title
Street Address				Your Position	
City	State	Zip Code	Salary	Reason for Leaving	
Present Employer (or most recent)	Phone #	From Mo. Yr.	To Mo. Yr.	Name of Immediate Supervisor	Title
Street Address				Your Position	
City	State	Zip Code	Salary	Reason for Leaving	
Present Employer (or most recent)	Phone #	From Mo. Yr.	To Mo. Yr.	Name of Immediate Supervisor	Title
Street Address				Your Position	
City	State	Zip Code	Salary	Reason for Leaving	

## SERVICE RECORD

Branch of Service	Discharge Date/Rank
-------------------	---------------------

## REFERENCES

Below, give the names of three persons you are not related to, whom you have known at least one year

Name	# of years known	Relationship	Phone #

## AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED; FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT UNLESS OTHERWISE DEFINED BY APPLICABLE LAW ANY EMPLOYMENT RELATIONSHIP WITH THE COMPANY IS OF AN "AT WILL" NATURE, WHICH MEANS THAT A TEAM MEMBER MAY RESIGN AT ANY TIME AND THE COMPANY MAY DISCHARGE A TEAM MEMBER AT ANYTIME WITH OR WITHOUT CAUSE. I UNDERSTAND THAT THIS IS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHARGED UNLESS SUCH A CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY THE PRESIDENT OF THE COMPANY. I UNDERSTAND ALSO THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY. ALL OFFERS OF EMPLOYMENT ARE CONDITIONAL TO THE RECEIPT OF SATISFACTORY EVIDENCE OF MY INTEGRITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES. OFFERS OF EMPLOYMENT MAY BE CONDITIONAL UPON SUCCESSFUL COMPLETION OF A DRUG SCREEN AND CRIMINAL BACKGROUND CHECK.

SIGNATURE

DATE

\*I UNDERSTAND THAT MY APPLICATION WILL REMAIN ACTIVE FOR 45 DAYS FROM THE DATE RECEIVED.