



# APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_ SS# (optional) \_\_\_\_\_

                    LAST                      FIRST  
ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL OR OTHER # \_\_\_\_\_ E-MAIL \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_ WAGE DESIRED: \_\_\_\_\_  
EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_  
ARE YOU EMPLOYED ? \_\_\_\_\_ IF SO CAN WE CONTACT YOUR EMPLOYER? \_\_\_\_\_

## **EDUCATION HISTORY:**

**NAME AND LOCATION OF SCHOOL    YEARS ATTENDED    GRADUATE?    SUBJECTS STUDIED**  
GRAMMAR SCHOOL

\_\_\_\_\_  
HIGH SCHOOL

\_\_\_\_\_  
COLLEGE/TRADE OR BUSINESS SCHOOL/MILITARY

PLEASE LIST ANY SPECIAL QUALIFICATIONS RELATIVE TO THE POSITION APLIED FOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **FORMER EMPLOYERS:**

**FROM/TO    NAME ADDRESS & PHONE # OF EMPLOYER    WAGE    POSITION    REASON FOR LEAVING**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**REFERENCES:**

	NAME	ADDRESS & PHONE #	BUSINESS	YEARS KNOWN
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

**AVAILABILITY:**

SUN	MON	TUES	WED	THURS	FRI	SAT
_____	_____	_____	_____	_____	_____	_____

**NON-AVAILABILITY:**

SUN	MON	TUES	WED	THURS	FRI	SAT
_____	_____	_____	_____	_____	_____	_____

**Why are you in the hospitality industry?**

**What do you like most about the industry?**

**What do you like least about the industry?**

**Why should you be hired over the person that applied yesterday?**

**Why did you apply to Veronica's Culinary Tavern?**

**List your top 3 priorities for your job...be honest.**

**Are you willing to work another position towards the job applied for?**

**Food Knowledge 1-5 ?**

**Wine Knowledge 1-5 ?**

**Favorite food?**

**Favorite Drink?**

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 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 AND OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT AND ANY OTHER RELEVANT FEDERAL AND STATE LAWS.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_