

Gulf Drive Cafe: APPLICATION FOR EMPLOYMENT

Date _____

Position or Type of Employment Desired: _____

Pay Expected: _____

Available to Start (date): _____

PERSONAL

Last name: _____

First: _____

Middle: _____

Current Street Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Permanent Street Address: _____

City: _____

State: _____

Zip: _____

Social Security Number: _____

Have you previously applied for employment or been employed with us?

Yes _____ No _____

If yes, please give date, location, and positions held:

Have you been convicted of a criminal offense involving dishonesty or violence against a person, possession, or use of weapons or drugs/alcohol, or destruction of property within the past 10 years? Yes ____ No ____

If yes, please explain the nature of the offense, date, court, and description:

NOTE: Conviction will not necessarily disqualify an application from employment, but will be considered in the context of the entire application and position applied for.

Can you perform the essential functions of the position for which you are applying?

Yes _____ No _____

I Can __ Cannot__ work on Saturdays

I Can __ Cannot __ work on Sundays

I Can __ Cannot__ work nights or evenings

I Do __ Do Not __ have a work permit (for those applicants under 16 years of age)

In case of emergency, please notify: _____

EMPLOYMENT HISTORY

EMPLOYMENT (BEGINNING WITH LATEST OR PRESENT EMPLOYMENT)

Company Name: _____

Supervisor's Name: _____

Supervisor's Title: _____

Company Address: _____

Phone: _____

Job Title: _____

Description of duties: _____

Starting date (Mo.Yr) _____

Ending date (Mo. Yr) _____

Salary (Starting) \$ _____

Salary (Final or Current Salary) \$ _____

Reason for Leaving

Company Name: _____

Supervisor's Name: _____

Supervisor's Title: _____

Company Address: _____

Phone: _____

Job Title: _____

Description of duties: _____

Starting date (Mo.Yr) _____

Ending date (Mo. Yr) _____

Salary (Starting) \$ _____

Salary (Final or Current Salary) \$ _____

Reason for Leaving

Company Name: _____

Supervisor's Name: _____

Supervisor's Title: _____

Company Address: _____

Phone: _____

Job Title: _____

Description of duties: _____

Starting date (Mo. Yr) _____

Ending date (Mo. Yr) _____

Salary (Starting) \$ _____

Salary (Final or Current Salary) \$ _____

Reason for Leaving

REFERENCES

Name of Reference: _____

Title/Position: _____

Address: _____

Phone: _____

Description/Length of professional relationship:

Name of Reference: _____

Title/Position: _____

Address: _____

Phone: _____

Description/Length of professional relationship:

Name of Reference: _____

Title/Position: _____

Address: _____

Phone: _____

Description/Length of professional relationship:

Comments

I, the undersigned, do hereby certify that the information provided by me in my **application** for employment, resume, or in verbal discussions relating to my consideration for employment are true and complete to the best of my knowledge. I understand that false, misleading or omitted information in my application, resume, or interview may result in discharge.

Signature _____

Date _____