



(856)-829-7458

#10 North Rt 130 Cinnaminson, NJ 08077

APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

Name: _____ **Date** _____

First

Middle

Last

Age _____ **Date of Birth** _____

Street Address _____

City _____ **State** _____ **Zip** _____

Telephone (_____) _____ **Social Security #** _____

Position applying for _____

When can you start? _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes No

Are you looking for full time employment? Yes No

If no, what hours are you available? _____

Any Restrictions? _____

Are you willing to work split shifts? Yes No

Are you willing to work closings? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please fully describe the circumstances:

Education: School Name and Location Year Major Degree

High School _____

College _____

Are you currently enrolled or planning in enrolling in any school: _____

In addition to your work history, are there are other skills, qualifications, or experience we should consider:

Employment History: (*Start with most recent employer.*)

Company name _____

Address _____ Telephone _____

Date Started _____ Position _____ Date Ended _____

Name of Supervisor _____ May we contact? [] Yes [] No

Responsibilities _____

Reason for leaving _____

Company name _____

Address _____ Telephone _____

Date Started _____ Position _____ Date Ended _____

Name of Supervisor _____ May we contact? [] Yes [] No

Responsibilities _____

Reason for leaving _____

Company name _____

Address _____ Telephone _____

Date Started _____ Position _____ Date Ended _____

Name of Supervisor _____ May we contact? [] Yes [] No

Responsibilities _____

Reason for leaving _____

Medical History

Please list any illness, pregnancy, or medical conditions:

Are you physically unable to do any tasks that may be necessary in the Restaurant/Bar business? _____

Please list and Medications being used:

Do You use any illegal drugs and if so which? _____

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.

Signature _____ Date _____

Applications are Kept for 2 weeks

Do Not Write Below This Line

Spoke to- Management Signature

Date: _____

Management Comments:

