

Application for Employment at a Taste of Philly Restaurant

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DATE _____			
Name _____			
Last	First	Middle	Maiden
Present address _____			
Number	Street	City	State Zip
How long _____		Social Security No. _____ - _____ - _____	
Telephone (____) _____			
Email address _____			
If under 18, please list age _____ -		Days/hours available to work	
Position(s) applied for _____ Salary Desired _____ Restaurant Location _____		No Pref _____ Thur _____	
		Mon _____ Fri _____	
		Tue _____ Sat _____	
		Wed _____ Sun _____	
How many hours can you work weekly? _____ Can you work nights? _____			
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME			
When available for work? _____			

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ No ☐ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your means of transportation to work? _____	
Driver's license number _____	State of issue _____ <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur
Expiration date _____	
Have you had any accidents during the past three years?	How many? _____
Have you had any moving violations during the past three years?	How Many? _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself ☐ Yes ☐ No

If not, who did? _____