



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE:

NAME [LAST]	FIRST	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS		CITY	STATE	ZIP CODE
PHONE []		REFERRED BY		

EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START:	PAY DESIRED:
ARE YOU CURRENTLY EMPLOYED? YES OR NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES OR NO	
EVER APPLIED TO THIS RESTAURANT BEFORE? YES OR NO	IF SO, WHEN?	

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				

FULL TIME OR PART TIME? _____

SHIFT AVAILABILITY YES/NO	SUN	MON	TUES	WED	THURS	FRI	SAT
LUNCH							
DINNER							

ANSWER THE FOLLOWING

HOW WOULD YOU DESCRIBE TEAMWORK?
HOW WOULD YOU DESCRIBE YOURSELF?
WHAT IS YOUR FAVORITE SANDWICH?
WHY WOULD YOU LIKE TO WORK AT NICKYS SAMMIE SHACK?

REFERENCES

NAME	PHONE NUMBER	BUSINESS	TIME KNOWN

EMPLOYMENT HISTORY (LIST BELOW LAST FOUR EMPLOYERS STARTING WITH MOST RECENT)

DATE MONTH AND YEAR	NAME AND LOCATION OF EMPLOYER	POSITION	WAGE	REASON FOR LEAVING
FROM				
TO				
FROM	PHONE NUMBER:			
TO				
FROM	PHONE NUMBER:			
TO				

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 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 (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS."

DATE _____ SIGNATURE _____