



EMPLOYMENT APPLICATION

PERSONAL

LAST NAME	FIRST	MIDDLE	SS NUMBER
HOME STREET ADDRESS			HOME PHONE NUMBER
CITY	STATE	ZIP	

YES NO Are you of minimum age to work in this state? YES NO Are you legally authorized to work in the United States?

<input type="checkbox"/> YES <input type="checkbox"/> NO Do you have a valid driver's license in this state?	License No.
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POSITION

Position Applied For:	Pay Desired:					
Number of hours per week you can work	Date available for work					
What hours are you available to work on the following days?						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

EDUCATION

High School Name and Location	did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED	Date degree or equivalent received:
College or University		
Other (Trade or Vocational Schools, etc.)		

MILITARY

Branch of service	Period of Active Duty:	Rank at Discharge:
Describe Duties or Training		

INFORMATION

<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been fired, discharged, or asked to Resign from any job within the last five years?	If yes, state reason:
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been convicted of a crime?	If yes, give details. (A conviction will not necessarily bar you from employment.)
How many days have you been absent from scheduled work in the past year?	

EXPERIENCE (List employment history for the last three jobs held, beginning with present or most recent employer.)

Company Name	Dates of Employment (Month/Year) From: To:		Eligible for Rehire __ YES __ NO
Address	City	State	Zip
Last Position Held	Supervisor	Supervisor's Phone #	Last Wage / Salary /HR / /MO
Reason for Leaving			

Company Name	Dates of Employment (Month/Year) From: To:		Eligible for Rehire __ YES __ NO
Address	City	State	Zip
Last Position Held	Supervisor	Supervisor's Phone #	Last Wage / Salary /HR / /MO
Reason for Leaving			

Company Name	Dates of Employment (Month/Year) From: To:		Eligible for Rehire __ YES __ NO
Address	City	State	Zip
Last Position Held	Supervisor	Supervisor's Phone #	Last Wage / Salary /HR / /MO
Reason for Leaving			

REFERENCES

1. Name	Area Code and Phone Number		Occupation
Address	City	State	Zip Code

2. Name	Area Code and Phone Number		Occupation
Address	City	State	Zip Code

3. Name	Area Code and Phone Number		Occupation
Address	City	State	Zip Code

I certify that the answers given by me to all questions on this application are, to the best of my knowledge and belief, true and correct without any reservations of any kind whatsoever. I further understand that any misrepresentation or omissions of facts called for hereon will be sufficient for dismissal.

Westwood Grill is an Equal Opportunity Employer

The Law prohibits discrimination in employment because of sex, race, color, age, religion, national origin, disability or veteran status.

Date

Signature