

Restaurant Application for Employment

Personal Information

Name (First)		Name(Last)	
Present Address (Street, City, State, ZIP)			
Mobile		Home(Tele)	
Email			
Social security #			
Are you of legal age to sell alcohol?	(<input type="checkbox"/>) yes	(<input type="checkbox"/>) no	

Employment Desired

Position applied for	(<input type="checkbox"/>) Host/ Hostess	(<input type="checkbox"/>) Cashiers	(<input type="checkbox"/>) Server	(<input type="checkbox"/>) Busboy
Day/Hours Available to work		(<input type="checkbox"/>) Available any time		
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
How many hours can you work weekly?				
Have you ever working at any restaurant before? Where? How long?				