



Application For Employment

Date _____

Name _____
 Last First Middle Maiden
 Social Security Number _____ - _____ - _____
 Present Address _____ Apt. _____ City _____ State _____ Zip _____
 Permanent Address _____ Apt. _____ City _____ State _____ Zip _____
 Phone (____) _____ Emergency Contact _____ Phone (____) _____
 Cell Phone (____) _____

Are you legally able to be employed in the U.S.? Yes No Expiration of employment authorization, if any _____
 Position _____ Date you can start _____ Salary Desired _____
 Are you employed? Yes No Are you available for full time work? Yes No If no, how many hours a week? _____
 Are you over 18 years of age? Yes No If no, age _____ Do you have reliable transportation to work? Yes No
 May we contact your present employer? Yes No Referred by _____

Availability: Mark days and times you **cannot** work

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

High school attended _____ Did you graduate? Yes No

Last school attended _____ Did you graduate? Yes No

Major/Minor _____ Number of years completed _____ Are you now enrolled? Yes No

EMPLOYMENT EXPERIENCE (start with the most recent job)

1. Company Name and Address _____

Dates Employed _____ Position _____ Phone (____) _____

Name of Supervisor _____ Reason for leaving _____

2. Company Name and Address _____

Dates Employed _____ Position _____ Phone (____) _____

Name of Supervisor _____ Reason for leaving _____

3. Company Name and Address _____

Dates Employed _____ Position _____ Phone (____) _____

Name of Supervisor _____ Reason for leaving _____

Have you ever been convicted of a felony? Yes No If so, please explain _____

Do you have any health problems or physical disabilities which could affect your employment? Yes No
If yes please explain _____

It is our policy to require pre-employment and random drug testing.

Are you willing to submit to drug testing? Yes No

AUTHORIZATION

I certify that the information contained in this application is complete and correct to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained in this application and the references and employers listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from any damage that may result from utilization of such information.

I understand and agree that, if become employed, I will be free to terminate my employment at any time for any reason and that Fireside Grill retains the same rights. No Fireside Grill representative has any authority to enter into any agreement for employment for any specified period of time, or make any contrary agreement.

Signature _____ Date _____

Fireside Grill is an equal opportunity employer. It is our policy to comply fully with these Acts and information requested on this application will not be used for any purpose prohibited by law.

