

PARK AVE DINER EMPLOYMENT APPLICATION

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

Name: Last _____ First _____ Middle _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Telephone () _____ Social Security # _____

Position applied for _____ How did you hear of this opening _____

When can you start _____ Desired Wage \$ _____ Date of Birth \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes No

Are you looking for full time employment? Yes No Are you willing to work graveyard? Yes No

How many hours per week would you like total? _____

What hours do you prefer to work? ___ Morning - afternoon ___ afternoon - Dinner ___ Afterhours - Overnite

Have you ever been convicted of a felony? Yes No If yes, please fully describe _____

Education: School Name and Location Year Major Degree

High School _____ College _____

College _____ Other _____

In addition to your work history, are there are other skills, qualifications, or experience we should consider:

Employment History: (Start with most recent employer.)

Company name _____ Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____ Date Ended _____ Ending Wage _____ Ending Pos. _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____ Reason for leaving _____

Company name _____ Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____ Date Ended _____ Ending Wage _____ Ending Pos. _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____ Reason for leaving _____

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.

Signature _____ Date _____