



## APPLICATION FOR EMPLOYMENT

Instructions: PRINT in INK. Fill out the application form completely; if questions are not applicable, enter "N/A". Do not leave questions blank. Resumes will be accepted as additional information but not in place of a completed application. Be sure to sign the application when it is completed.

**EQUAL OPPORTUNITY EMPLOYER:** It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, sex, marital status, or physical handicap, except where reasonable, bona fide occupational qualification exists.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(LAST) (FIRST) (M INITIAL)

ADDRESS: (Current) \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)  
 (Permanent) \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ TEXAS DRIVER'S LICENSE # \_\_\_\_\_

Are you 18 years of age or older?  YES  NO      Are you 21 years of age or older?  YES  NO  
 Are you employed now?  YES  NO      May we contact your present employer?  YES  NO  
 Can you submit verification documents of your legal rights to work in the United States?  YES  NO  
 Were you previously employed by this organization?  YES  NO      If yes, date(s) \_\_\_\_\_

**EMPLOYMENT RECORD: Please indicate previous employment. Start with present or most recent position.**

STARTING DATE		Employer	City & State		Business Phone
MONTH	YEAR	Reason for Leaving:			Supervisor's Name
ENDING DATE		Briefly Describe Your Duties & Responsibilities:			
MONTH	YEAR	Starting Base Salary	Ending Base Salary	Starting Position Title	Ending Position Title
STARTING DATE		Employer	City & State		Business Phone
MONTH	YEAR	Reason for Leaving:			Supervisor's Name
ENDING DATE		Briefly Describe Your Duties & Responsibilities:			
MONTH	YEAR	Starting Base Salary	Ending Base Salary	Starting Position Title	Ending Position Title
STARTING DATE		Employer	City & State		Business Phone
MONTH	YEAR	Reason for Leaving:			Supervisor's Name
ENDING DATE		Briefly Describe Your Duties & Responsibilities:			
MONTH	YEAR	Starting Base Salary	Ending Base Salary	Starting Position Title	Ending Position Title

**Education:**

Name, City, & State of School Attended Last	Type of School	Number of Years Completed	Diploma or Degree

What language(s) do you speak?  English  Spanish  Other(s) \_\_\_\_\_

Which position are you applying for?  Wait Person  Cashier  Host(ess)  Manager  
 Kitchen Work  Other \_\_\_\_\_

When are you available for work? \_\_\_\_\_

Type of work:  Full-Time  Part-Time  Lunch  Dinner  Weekends

Have you ever been convicted of a felony within the last 7 years?  YES  NO  
(A yes answer will not necessarily disqualify you from employment.)

If yes, explain \_\_\_\_\_

Is there any reason you cannot perform the essential functions of the position/positions for which you are applying?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any relatives working for our company?  YES  NO If yes, list name, relationship, & place employed.

**References: (Two persons who have known you for 2 years or more and who are not related to you.)**

Name	Relationship	Phone Number

In case of an emergency notify: \_\_\_\_\_

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I hereby certify that the following statements, as well as those on any statement(s) to this form, to the best of my knowledge are true and correct and that they are all given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from employment.

I authorize you to communicate with all my former employers, schools, officials, and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that, as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for continuation of salary, wages, or employment related benefits.

**YOU MAY CONTACT:**

Present Employer  YES  NO

Former Employer  YES  NO

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date