

BARRESI'S ITALIAN RESTAURANT

APPLICATION FOR EMPLOYMENT

DATE _____

PERSONAL INFORMATION

NAME(LAST NAME FIRST)		SOCIAL SECURITY #	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE#	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED					
DAYS AND HOURS YOU ARE AVAILABLE TO WORK	SUN CLOSED	MON closed	TUES	WED	THUR	FRI	SAT
ARE YOU CURRENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>						
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?	IF SO, WHEN?						

FORMER EMPLOYERS (STARTING WITH THE MOST RECENT)

DATE (MONTH&YEAR)	NAME, ADDRESS, & PHONE # OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE				

GENERAL

SUBJECTS OF SPECIAL INTEREST/ RESEARCH WORK/ SPECIAL TRAINING/ SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

REFERENCES

NAME	ADDRESS	BUSINESS	YEARS KNOWN

PHYSICAL LIMITATIONS OR ANY SPECIAL NEEDS FOR EMPLOYMENT

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE _____

SIGNATURE _____