EMPLOYMENT APPLICATION

1907 GREENVILLE AVE, DALLAS, TX 75206

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		APPLIC	CANT INFORMAT	ION			
FULL NAME:				D <i>A</i>	\TE:		
	First	М.І.	Last				
ADDRESS:	Street Address				Apartment	/Unit #	
	City		State		Zi	p Code	
EMAIL:	·		PHONE NUMBE	R:		·	
PREFERRED	METHOD OF CONTACT	PHONE (CALL TEXT	□ EMAI	L		
DATE OF BIR	TH:/	./ N	MEANS OF TRANSP	ORTATION: _			
IN CASE OF I	EMERGENCY NOTIFY: _						
		Name	Pho	ne #	Relation	ship	
POSITION A	PPLIED FOR: BOXES MAY BE MARKED)	SERVER	☐ BARTENDE	3	☐ HOST/F	IOSTESS	
(TON WORL L	-	LINE COOK	☐ EXPO/FOO) RUNNER	☐ BUSSEF	R/DISHWASHER	
	TIZEN OF THE UNITED STA						
			EDULE / AVAIL				
			OU <u>CAN</u> WORK AND A				
TIME/DAY	MON	TUES	WED THURS	FRI	SAT	SUN	
11 AM - 4 PM							
NIGHT 4 PM - CLOSE							
DATE AVAILABLE TO START: / / FULL-TIME OR PART-TIME							
HOW MANY	HOURS PER WEEK ARE YO	U LOOKING TO WO	ORK? HO	<u>YAD</u> YAAM WC	S PER WEEK?		
			EDUCATION				
нібн scho	DL:		CITY	& STATE:			
DID YOU GR	ADUATE? YES NO	DEGREE:			NO. OF YEARS	ATTENDED:	
COLLEGE/O	THER:		CITY	/ & STATE:			
DID YOU GR	ADUATE? YES NO	DEGREE:			NO. OF YEARS	ATTENDED:	

REFERENCES

FULL NAME		PHONE	NAME OF BUSINESS	& CITY	RELATIONSHIP & YEARS KNOWN
	(list your last	EXP 3 employers, beg	ERIENCE inning with the most r	ecent emplo	oyer)
MOST RECENT EMPLOYER		NAME OF EMPLOYER		NAME OF EMPLOYER	
STREET ADDRESS, CITY, STATE, ZIP CODE		STREET ADDRESS, CITY, STATE,	7IP CODE	STREET ADDRESS, CI	TV STATE 7IP CODE
STREET ADDRESS, OTTT, STATE, ZIF GODE		STREET ADDRESS, UTT, STATE,	ZII GODE	STREET ADDRESS, OF	TT, STATE, ZII OODE
PHONE NUMBER		PHONE NUMBER		PHONE NUMBER	
POSTION	HOURS/WEEK	POSTION	HOURS/WEEK	POSTION	HOURS/WEEK
SUPERVISOR'S NAME	MAY WE CONTACT?	SUPERVISOR'S NAME	MAY WE CONTACT?	SUPERVISOR'S NAME	MAY WE CONTACT?
	□ NO		□ NO		□ NO
DATES EMPLOYED (START & END)		DATES EMPLOYED (START & EN	ID)	DATES EMPLOYED (S	TART & END)
SALARY/PAY RATE (START & END)		SALARY/PAY RATE (START & EI	ND)	SALARY/PAY RATE (S	START & END)
DUTIES/RESPONSIBILITIES		DUTIES/RESPONSIBILITIES		DUTIES/RESPONSIBII	LITIES
REASON FOR LEAVING	-	REASON FOR LEAVING		REASON FOR LEAVIN	G
I certify that the a company to investig	answers given ate all statem	here are true ents contained	e and complete to in this application	my knowl , as may be	edge. I authorize the enecessary in arriving

at an employment decision (including, but not limited to, criminal history). I release the company from any liability which might arise from such an investigation.

I understand that this application is not a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview will result in termination. I also understand that the use of illegal drugs or alchol on the job is prohibited during employment. In the event that I am employed, I agree to abide by all policies & procedures of this company.

	SIGNATURE OF APPLICANT:	DATE: / /
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