

Application for Employment at the Buzz Inn Restaurants



Date application submitted: / /
 To whom: _____

Discrimination in employment because of race, creed, color, national origin, ancestry, age, sex, physical or mental handicaps, or liability for service in the armed services of the U.S. is prohibited by federal legislation and/or by laws against discrimination in the State of Washington.

Personal Information

Last Name:		First Name:		Mid. Initial	Phone:
Street Address:			City:	State:	Zip code:
Social Security Number:	Are you at least 18 years of age & under 65? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a Legal Resident of the U. S. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is your Citizenship or Immigration Status such that you can lawfully work in the United States; Yes <input type="checkbox"/> No <input type="checkbox"/> If hired, continued employment may be dependent upon proof of citizenship or presentation of an alien registration number.					

Education

School or Institution	Location:	From/ yr	To/yr	Graduated
Junior High:				
High School:				
College:				
Other:				
Are you currently enrolled in a High School or a work/study program? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Type of employment desired: _____ Date you can start: _____ / _____ / _____

Salary Desired: _____ per/____ Are you employed now? _____ Applied here before? _____

Have you ever been convicted of a felony or gross misdemeanor? _____ When: _____
 If so, please explain: (date, charge, disposition) _____

Answering this question will not necessarily disqualify you from employment.

- Work you have done: Bartender Cashier Cook Prep. Cook Dishwasher
 Host/Hostess Manager Assist. Manager Cocktail Wait Staff

Employment History

Company #1: (present or most recent employer)		Address / Phone number:	
Employed (month & year) From: / To: /	Rate of Pay: Beginning: Ending:	Average number of hours worked Per week:	
Position(s) held:		Supervisors name / position:	
Describe your duties:			
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:	Days lost from work:	
Reason for leaving:			
Company #2:		Address / Phone number:	
Employed (month & year) From: / To: /	Rate of Pay: Beginning: Ending:	Average number of hours worked Per week:	
Position(s) held:		Supervisors name / position:	
Describe your duties:			
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:	Days lost from work:	
Reason for leaving:			

References

Three People you know that are not related

Name:	Address:	Phone Number:	Years Known
1.			
2.			
3.			

The information I am presenting in this application is true and correct to the best of my knowledge, and I understand that any falsification or misrepresentation could result in my discharge in the event I am employed by The Buzz Inn Steakhouses. I authorize The Buzz Inn or its representatives to contact former employers and references listed above. I have read and understand all of the above:

Date: _____ Signature: _____

Manager: _____ I have checked all the above: Yes No Date: _____