



APPLICATION FOR EMPLOYMENT

GECKO'S GRILL & PUB

FOR OFFICE USE ONLY
DATE STARTED
EMPLOYEE NUMBER
DEPARTMENT Kitchen Bar Dining Room

NOTICE: Applicant should read the following information carefully before filing out any of the questions on this form. We are an equal opportunity employer and fully subscribe to the principles of equal opportunity. It is our policy to seek and employ the best qualified personnel in all positions without regard to race, color, religion, age, sex, disability, national origin or any other basis made unlawful by either state or federal law. It is our policy to comply with all federal and state employment statutes. Information requested on this application will not be used for any purpose prohibited by law. A job description for the department for which you are applying is attached hereto and incorporated herein.

NAME: LAST _____ FIRST _____ MIDDLE _____ SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

(_____) _____ How long have you lived at the above address? _____
PHONE

Are you 18 years old or older? Yes No If not, state date of birth ____/____/____

Have you had any name changes this employer should know about in order to verify job or education history? Yes No Previous Name _____

Are you authorized to work in the U.S.? Yes No

Position applied for? _____ Date you can start ____/____/____

Are you applying for Full Time Part Time Temporary Days Only Nights Only Days/Nights

Who recommended you for this position? _____

EDUCATION				
SCHOOLING	NAME AND ADDRESS OF SCHOOL	GRADE or DEGREE COMPLETED	GRADUATE	
			YES	NO
High School	_____	_____	_____	_____
	_____	_____	_____	_____
College or University	_____	_____	_____	_____
	_____	_____	_____	_____
Others (Specify)	_____	_____	_____	_____
	_____	_____	_____	_____
Schools Attended	_____	_____	_____	_____
	_____	_____	_____	_____

PREVIOUS RESTAURANT EXPERIENCE

(LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST)

EMPLOYMENT Last Company First	COMPANY BUSINESS	YOUR POSITION	IMMEDIATE SUPERVISOR	TITLE	EMPLOYME NT DATES	YEARLY SALARY	REASON FOR LEAVING
1) Company Name _____ Address _____ _____ Phone _____					Date Started	Salary	
					Date Left	Salary	

Job Duties

1) Company Name _____ Address _____ _____ Phone _____					Date Started	Salary	
					Date Left	Salary	

Job Duties

1) Company Name _____ Address _____ _____ Phone _____					Date Started	Salary	
					Date Left	Salary	

Are there any job duties that you would be unable to perform? _____

Is there anything we could do to accommodate you so you could perform all the required job duties? _____

Have you ever applied to this Company before? Yes No If yes, where? _____ When? _____

Are you now employed? Yes No Telephone number _____

IN CASE OF EMERGENCY NOTIFY – (NAME, ADDRESS, PHONE) RELATIONSHIP, IF ANY

1. I authorize investigation of all statements contained in this Application.
2. I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment is substantially dependent on truthful answers to the foregoing inquiries and my ability to meet the minimum requirements of the job description.
3. I have read and understand these statements and answers to these inquiries. Yes No

Date _____ Signature _____