



# APPLICATION FOR EMPLOYMENT

## S'macks Burgers & Shakes

FOR OFFICE USE ONLY
DATE STARTED _____
EMPLOYEE NUMBER _____
DEPARTMENT Counter    FOH    Cashier    BOH

**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.

EDUCATION				
SCHOOLING	NAME AND ADDRESS OF SCHOOL	GRADE or DEGREE COMPLETED	GRADUATE	
			YES	NO

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? \_\_\_\_\_

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
<b>1) Company Name</b> _____  <b>Address</b> _____ _____  <b>Phone</b> _____					<b>Date Started</b>   <b>Date Left</b>	<b>Salary</b>   <b>Salary</b>	

**Job Duties**

<b>1) Company Name</b> _____  <b>Address</b> _____ _____  <b>Phone</b> _____					<b>Date Started</b>   <b>Date Left</b>	<b>Salary</b>   <b>Salary</b>	
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**Job Duties**

<b>1) Company Name</b> _____  <b>Address</b> _____ _____  <b>Phone</b> _____					<b>Date Started</b>   <b>Date Left</b>	<b>Salary</b>   <b>Salary</b>	
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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 \_\_\_\_\_