

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Personal Information

DATE		LOCATION OF DESIRED EMPLOYMENT		SOCIAL SECURITY #	
LAST NAME			FIRST NAME		M.I.
ADDRESS		APT.	CITY		STATE ZIP
HOME PHONE		CELL PHONE		ARE YOU TABC CERTIFIED?	
ARE YOU OVER 18?	REFERRED BY		DATE YOU CAN START	ARE YOU CURRENTLY EMPLOYED?	

Employment Desired

POSITION		SALARY DESIRED	ARE YOU WILLING TO WORK AT OTHER LOCATIONS?
HAVE YOU APPLIED TO THIS COMPANY BEFORE?		WHERE?	WHEN?
MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		DID YOU WANT TO WORK FULL OR PART TIME?	ARE YOU WILLING TO LEARN JAPANESE?

Availability (Circle the shifts below you are available to work)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	DO YOU HAVE RESPONSIBILITIES OR COMMITMENTS THAT WILL PREVENT YOU FROM MEETING SPECIFIED WORK SCHEDULES?
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch		
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	ARE YOU WILLING TO WORK AS PART OF A TEAM?

Education History

Name and Location of School	Years Attended	Did you graduate?	Subjects Studied
HIGH SCHOOL			
COLLEGE			
OTHER			

Former Employers (List your last three employers, most recent first)

Name and Location	Position	From	To	Reason for Leaving

References (Give Below the names of three people not related to you whom have know you at least one year)

Name	Phone Number	Occupation	Years Known

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand 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 pretinent information they may have, personal or otherwise, and release the company from all liability for any damage 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 empoyment 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 representative.

SIGNATURE	DATE
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DO NOT WRITE BELOW THIS LINE

Interview Summary

1st Interview Date	Interviewer (1)		Interviewer (2)	
Evaluation	Rating (5 is the Best)	Notes	Rating (5 is the Best)	Notes
Enthusiasm	1 2 3 4 5		1 2 3 4 5	
Work Experience	1 2 3 4 5		1 2 3 4 5	
Attentiveness	1 2 3 4 5		1 2 3 4 5	
Charisma / Potential	1 2 3 4 5		1 2 3 4 5	
Attitude	1 2 3 4 5		1 2 3 4 5	
Appearance	1 2 3 4 5		1 2 3 4 5	

Comments

	2nd Interview Date
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