

Received By: \_\_\_\_\_

Today's Date: \_\_\_\_\_



# Harbor House Cafe, Inc.

An Equal Opportunity Employer

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Wage desired: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so may we inquire with your present employer? \_\_\_\_\_

How did you learn about us (friend, advertisement, walk-in, relative etc.)? \_\_\_\_\_

Have you applied or interviewed with us before? \_\_\_\_\_ If so when? \_\_\_\_\_

Location you are applying at: \_\_\_\_\_ Are you available to work at either location? \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Present address: \_\_\_\_\_  
Street / City / State / Zip

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Email address: \_\_\_\_\_ Are you 18 years or older? \_\_\_\_\_

## AVAILABILITY

What shift/hours are you available for? The hours listed below are approximate. (Please circle to indicate)

Day Shift (6 AM – 3:30 PM)    Swing Shift (2 PM – 11:30 PM)    Swing/Grave Shift (6 PM – 2 AM)    Graveyard Shift (9 PM – 6:30 AM)

*Work schedules vary from week to week and occasionally employees are asked to stay late, leave early, or come in on a scheduled day off.*

Do you have a valid food handlers card? \_\_\_\_\_ Yes / No

Are there any days of the week that you can not work? \_\_\_\_\_ Yes / No

If yes, please explain: \_\_\_\_\_

We are a 24 hour restaurant that never closes.....

Are you willing to work most holidays and almost every weekend? \_\_\_\_\_ Yes / No

Do you have any obligations/reasons that would prevent you from reporting to work when assigned? \_\_\_\_\_ Yes / No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes / No

If yes, please explain: \_\_\_\_\_

A yes answer does not automatically disqualify you from employment with the company.

## PHYSICAL RECORD

Do you have any limitations that preclude you from any work you are being considered for? \_\_\_\_\_ Yes / No

If yes, please explain: \_\_\_\_\_

Do you have any temporary disability that will require absence from work for an extended period? \_\_\_\_\_ Yes / No

If yes, please explain: \_\_\_\_\_

In case of an emergency, notify: (Name/Address/Telephone) \_\_\_\_\_

\_\_\_\_\_

## FORMER EMPLOYERS

**Please complete thoroughly to be considered for employment. Begin with your present or most recent employers. You may attach a resume; however the application must be completed in full.**

Dates: Begin/End	Name of Employer, Address, Supervisor's Name and Telephone Number	Salary: Begin / End	Position Held Describe Duties	Explain Reason for Leaving:

**Give name and telephone number of two references who are not related to you and are not previous employers.**

Time known	Relationship to Reference	Full Name and Phone Number
Time known	Relationship to Reference	Full Name and Phone Number
Time known	Relationship to Reference	Full Name and Phone Number

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING:**

I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment any relevant information they may have, personal or otherwise. I release all parties from liability for any damage that may result from furnishing this information.

I hereby certify the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, false statements and /or inclusion of prior employers on this application are grounds for dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand and agree that, if hired, my employment is for no defined period and is not to be constructed as permanent. Regardless of the payment date of my wages and salary, I may be discharged at any time without prior notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Second interview by: \_\_\_\_\_ Date: \_\_\_\_\_

Hired: Yes / No \_\_\_\_\_ Position: \_\_\_\_\_ Dept.: \_\_\_\_\_

Hourly wage: \_\_\_\_\_ Date reporting to work: \_\_\_\_\_ Shift: \_\_\_\_\_

Approved By: \_\_\_\_\_