

Soirees
APPLICATION FOR EMPLOYMENT
(AN EQUAL OPPORTUNITY EMPLOYER)



PERSONAL INFORMATION

DATE _____

NAME _____

SOCIAL SECURITY
NUMBER _____

FULL ADDRESS _____

PHONE NO. _____

CELL NO. _____

ALTERNATE PHONE NO.(WHOM) _____

ARE YOU 21 YEARS OR OLDER? ☐ YES ☐ NO

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? ☐ YES ☐ NO

EMERGENCY CONTACT INFORMATION: _____

EMPLOYMENT DESIRED

POSITION _____

DATE YOU
CAN START _____

ARE YOU EMPLOYED NOW? _____

IF SO, MAY WE INQUIRE OF YOUR
PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____

WHEN? _____

REFERRED BY _____

DAYS AND HOURS YOU ARE AVAILABLE TO WORK? _____

GENERAL

SPECIAL SKILLS OR TRAINING RELATED TO THE FOOD/CATERING BUSINESS: _____

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 7 YEARS? IF YES, EXPLAIN. (INFORMATION USED ONLY FOR
JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY APPLICABLE LAW.) _____

**PLEASE SUPPLY THE NUMBERS AND EXPIRATION DATES FOR THE FOLLOWING, AS WELL AS A PHOTOCOPY OF
EACH CARD THAT APPLIES TO YOUR POSITION:**

HEALTH CARD _____

EXP. DATE _____

TAM CARD _____

EXP. DATE _____

SHERIFF CARD _____

EXP. DATE _____

DRIVERS LICENSE _____

EXP. DATE _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH / YEAR FROM TO	NAME/ ADDRESS/PHONE OF EMPLOYER	SUPERVISOR	DUTIES/ POSITION	REASON FOR LEAVING
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FROM
TO

FROM
TO

DATE

SIGNATURE