

POSITION APPLIED FOR
DATE

ATLAS BOWL

APPLICATION FOR EMPLOYMENT

(Please answer all questions)

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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NOTICE: Applicant should read the following information carefully before filling 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.

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 ____ / ____ / ____

If under age 18, how many hours per week are you employed elsewhere? _____ Hours

Have you ever had any name changes this employer should know about in order to verify job or education history?

YES NO Previous Name _____

Do you have transportation to and from work? YES NO 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 Who recommended you for this position? _____

EDUCATION:

	Name & Address of School	Grade or Degree Completed	Graduated (Yes or No)
High School			
College or University			
Others (Specify)			

Are you a war veteran? YES NO

PLEASE CIRCLE THE KIND OF WORK YOU HAVE DONE:

- | | | | |
|-----------|-----------------|------------|-----------|
| Manager | Wait Staff | Bus Person | Chef |
| Bartender | Host or Hostess | Dishwasher | Sous Chef |
| Bar Back | | | Cook |

PREVIOUS RESTAURANT EXPERIENCE:

(LIST BELOW YOUR LAST 3 EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST)

Company Name _____ City & State _____
Your Position _____ Supervisor _____ Phone _____
Job Duties _____
Date Started ____ / ____ / ____ Date Left ____ / ____ / ____ Yearly Salary _____
Reason for Leaving _____

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JOB DUTIES:

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

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

Have you ever applied to this company before? YES NO If so, when? _____

Are you currently employed? YES NO If yes, Phone Number (____) _____

IN CASE OF EMERGENCY NOTIFY

Name _____ Address _____
Phone (____) _____ Relationship _____

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 forgoing inquiries.
3. I have read these statements and answers to these inquiries. YES NO

SIGNATURE _____ **DATE** _____