



This form is only provided as a service and a guide. It may not be compliant with local laws and is not warranted as such. This form may need to be modified to fit local laws and regulations.

FOR OFFICE USE ONLY

EMP. NO. _____

W4 _____

WORKING PAPER # _____

EMPLOYMENT APPLICATION FOR GENERAL RESTAURANT WORK**PERSONAL INFORMATION:** (please print clearly)

NAME _____ SOC. SEC. # / TAX ID NO. _____

First

Middle Initial

Last

ADDRESS _____ CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

TELEPHONE (____) _____

Are you 16 years of age or over? ☐ Yes ☐ No (Proof of age or a work permit may be required.)**In Case of Emergency Notify:**

NAME _____ TELEPHONE (____) _____

Last

First

Middle

Area Code

ADDRESS _____ CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

AVAILABILITY :Are you legally able to be employed in this country? ☐ Yes ☐ No (If hired, verification will be required by law)What type of position are you seeking? ☐ Part time ☐ Full time ☐ Seasonal ☐ TemporaryAre you able to meet the attendance requirements of the position? ☐ Yes ☐ No

| | S | M | T | W | T | F | S |
|-----------|---|---|---|---|---|---|---|
| HOURS | | | | | | | |
| AVAILABLE | | | | | | | |

Total hours available per week _____

Date available to start work _____

SCHOOL MOST RECENTLY ATTENDED :

NAME _____ ADDRESS _____

CITY _____ STATE _____ TELEPHONE (____) _____

TEACHER OR COUNSELOR _____ LAST GRADE COMPLETED _____ GRADE AVERAGE _____

GRADUATED? ☐ Yes ☐ NoNOW ENROLLED? ☐ Yes ☐ No

Sports or activities? _____

MOST RECENT EMPLOYMENT :

Company _____ Address _____

City _____ State _____ Telephone (____) _____

Position _____ Supervisor _____ Dates worked: From _____ To _____

Wage _____ Reason for leaving _____

Mgmt. ref. ck. done by _____

Company _____ Address _____

City _____ State _____ Telephone (____) _____

Position _____ Supervisor _____ Dates worked: From _____ To _____

Wage _____ Reason for leaving _____

Mgmt. ref. ck. done by _____

Do we have your permission to contact your current employer? ☐ Yes ☐ No

If NO, please explain: _____

REFERENCES: (Please do not use family members)

Name: _____ Telephone: (____) _____ Years Known _____

Address _____ City _____ State _____

Name: _____ Telephone: (____) _____ Years Known _____

Address _____ City _____ State _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER