



Employment Application is a service of the Missouri Restaurant Association

Employment Application

(Please type or print. If you need additional space, please attach a second sheet.)

Date Applied: / /

Position Applied For: _____ Salary Expected: _____

Full Name: _____ SSN: _____

Present Address: _____

Permanent Address: _____

Personal Phone: _____ Other Phone: _____

Have you ever worked under another name? Yes ___ No ___ If yes, list: _____

I Can Work:

Full Time
 Part Time
 Temporary
 Permanent

Times I Can Work:

Holidays
 Evenings
 Days
 Nights
 Overtime
 Split Shifts
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday
 Any Time

Employment Record: Record last position first. Failure to accurately account for all periods during the last seven years may lead to your application not being considered. If omissions or falsifications are discovered subsequent to your employment, such omissions or falsifications will be sufficient cause for discharge. (List periods of school as follows: School name under company name and dates attended.)

Start Date / /	Company Name/Address:	Supervisor:
Leave Date: / /		Phone:
Wage Start \$ End\$	Job Titles & Duties:	Reason for Leaving:

Were you unemployed between positions? Yes ___ No ___ How long? _____ Why? _____

Start Date / /	Company Name/Address:	Supervisor:
Leave Date: / /		Phone:
Wage Start \$ End\$	Job Titles & Duties:	Reason for Leaving:

Were you unemployed between positions? Yes ___ No ___ How long? _____ Why? _____

Start Date / /	Company Name/Address:	Supervisor:
Leave Date: / /		Phone:
Wage Start \$ End\$	Job Titles & Duties:	Reason for Leaving:

Were you unemployed between positions? Yes ___ No ___ How long? _____ Why? _____

Have you ever been asked to resign or been fired for cause? Yes ___ No ___

Have you worked for this company before? Yes ___ No ___ If yes, when? _____

May we contact your previous employers? Yes ___ No ___

Have you ever applied to this company before? Yes ___ No ___

Please list any previous employers you wish us not to contact _____

(Over, please)

Educational Record

Number of Years Completed: Less than 8 8 to 12 12 13 14 15 16 More than 16

	Name	Degree Received	Course Work
High School			
Trade School(s)			
College (s)			

Are you older than 18? Yes ___ No ___ Are you older than 21? Yes ___ No ___
 Do you have reliable means to get to and from work? Yes ___ No ___
 List the names of any relative working for this company and their relationship to you: _____
 If an alien, do you have a legal right to be in the U.S.? Yes ___ No ___
 Have you ever been denied a bond? Yes ___ No ___
 If an alien, do you have the right to accept employment in the U.S.? Yes ___ No ___ *(Upon employment, verification of legal employment status will be required.)*
 Have you ever been convicted of a felony or misdemeanor other than a traffic violation? Yes ___ No ___ *(Such conviction may be relevant (if job related, but does not bar you from employment.)*
 List additional names of people working here who you know well: _____
 Are you now or have you ever been in the military? Yes ___ No ___ If yes, list branch of service _____
 Highest rank obtained: _____ If in reserves: Active _____ Inactive _____

References

Name	Title	Phone	Years Known

Important—Please Read Carefully

I hereby authorize investigation of all statements contained in this application, including inquiry of any and all of my former employers or references as indicated elsewhere in the application, and hold said former employers and/or references harmless from liability arising therefrom. I affirm that all the information contained in this application is true and correct, and that any misrepresentation, falsification or omission herein shall be sufficient reason for dismissal from, or refusal for employment. If employed, I understand that the company reserves the right to modify or terminate my employment at any time, with or without cause, and without prior notice. I further understand that the duration, hours, nature, compensation and benefits of my employment may be changed or modified from time to time without limitation or condition. I understand that no representative of the company has any authority to make any assertions to the contrary. I hereby agree to abide by all policies and rules of this company which govern dress, hair, grooming and attitude.

Date: _____ Signature: _____

For Office Use Only:

Hire Date: _____ Date Work to Start _____ Rate of Pay Offered _____
 Type of Position Offered _____ Hours of Work Offered _____
 Authorized Personnel _____ Signature _____ Date _____