

## 2019 SPRING/SUMMER: MM/F&B/RLB

Employment Application (Office Only: New or Rehire / Position: Rate: \$

APPLICANT INFORMATION						
Last Name	First		M.I.	Date		
Street Address			Apartment/	Apartment/Unit #		
City	State		ZIP	ZIP		
Cell Phone	E-mail Addres	S	·			
Date Available Social	Security No.		Desired Salary	sired Salary		
Full time Or Part time			Date of Birth	te of Birth		
Position Applied for		·				
Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO						
Have you ever worked for this company? YES $\Box$	NO   If so, & wh	position en?**				
Have you ever been convicted of a felony? YES		s, explain				
**If Rehire: Direct Deposit Information has ch	anged? YES or N	IO (Please circle)				
EDUCATION						
High School	Address					
From To Did you graduate?	YES NO	Degree				
College	Address					
From To Did you graduate?	YES NO	Degree				
Other	Address					
From To Did you graduate?	YES NO	Degree				
REFERENCES						
Please list two professional references.						
Full Name		Relationship				
Company	Phone ( )					
Address						
Full Name	Relationship					
Company	Phone ( )					
Address						
PREVIOUS EMPLOYMENT						
Company Phone ( )						
Address	Supervisor					
Job Title	Starting Salary	\$ Ending Salary \$				
Responsibilities						
From To Reason for Leav	ing					

Company			Phone (	1			
Company			Phone ( )				
Address			Supervisor				
Job Title Starting Salary			\$	Ending Salary \$			
Responsibiliti	ies						
From	То	Reason for Leaving	Reason for Leaving				
May we conta	act your previous super	visor for a reference?	YES 🗆	NO 🗆			
Company				Phone ( )			
Address			Supervisor				
Job Title			Starting Salary	\$	Ending Salary \$		
Responsibiliti	ies						
From	То	Reason for Leaving	Reason for Leaving				
May we conta	act your previous super	visor for a reference?	YES 🗌	NO $\square$			
MILITARY	SERVICE (OPTION	IAL)					
Branch			F	From To			
Rank at Discharge			Type of Discharge				
If other than	honorable, explain:						
DISCLAIM	IER AND SIGNATUR	RE					
I certify that	my answers are true an	d complete to the be	est of my knowled	ge.			
If this applica may result in		ent, I understand tha	t false or misleadi	ng information ir	n my application or interview		
Signature Date							
COC							

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<b>Shift Availability</b> for	
-	FIRST & LAST NAME

\*Mark the days you *are available to work with the times you are free.*Mark the days you are *unavailable to work with an X.* 

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
AM							
PM							

Are you available to work holidays? YES NO

Are you willing to work special events? YES NO