

JACKY'S GALAXIE RESTAURANT

Employment Application



Position Applied for	Server <input type="checkbox"/>	Bartender <input type="checkbox"/>	Host <input type="checkbox"/>	Banquet Server <input type="checkbox"/>
	Busboy <input type="checkbox"/>	Cook <input type="checkbox"/>	Dishwasher <input type="checkbox"/>	Banquet Bartender <input type="checkbox"/>

APPLICANT INFORMATION

Last Name		First		M.I.	Date		
Street Address				Apartment/Unit #			
City			State			ZIP	
Phone			Cell			E-mail Address	
Date Available			Date of Birth <small>(Optional)</small>			Desired Salary	

Are You 18 or Over: YES NO

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Are you Alcohol Certified?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<i>AM</i>							
<i>PM</i>							

PREVIOUS EMPLOYMENT

Company		Phone	()
Address			Supervisor
Job Title		Starting Salary	\$ Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	()
Address			Supervisor
Job Title		Starting Salary	\$ Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company				Phone	()	
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From	To	Reason for Leaving				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
EDUCATION						
High School			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
REFERENCES						
<i>Please list three professional references.</i>						
Full Name				Relationship		
Company				Phone	()	
Address						
Full Name				Relationship		
Company				Phone	()	
Address						
Full Name				Relationship		
Company				Phone	()	
Address						
MILITARY SERVICE						
Branch				From	To	
Rank at Discharge				Type of Discharge		
If other than honorable, explain						
DISCLAIMER AND SIGNATURE						
I certify that my answers are true and complete to the best of my knowledge.						
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.						
Signature					Date	

SUBMIT FORM