

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire An Equal Opportunity Employer



PERSONAL INFORMATION

APPLICANT NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ SOCIAL SECURITY NO. _____ DATE OF BIRTH ____ / ____ / ____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.? Y N (If yes, verification will be required)

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START ____ / ____ / ____ SALARY DESIRED _____

REFERRED BY _____ WHAT IS YOUR APPLYING PREFERENCE? Full-time Part-time Seasonal

PLEASE SPECIFY YOUR AVAILABILITY FOR WORK

Note: Times are approximated and does not imply that you work all shifts checked.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you able to perform the essential functions of the position with or without accommodations? Y N

Are you employed now? Y N If so, may we inquire of your present employer? Y N

Have you ever been convicted of a crime other than a misdemeanor or traffic infraction? Y N

Note: Conviction is not an automatic bar to employment. Each case will be considered on its own merits.

EDUCATION	NAME AND LOCATION	YEARS COMPLETED	GRADUATE OR DEGREE
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
BUSINESS/TECHNICAL			

MILITARY SERVICE Y N

Duty/Specialized Training: _____

REFERENCES List two personal references who are not relatives or former supervisors.

NAME	ADDRESS	PHONE NO.	OCCUPATION	YEARS KNOWN



EMPLOYMENT HISTORY List last employment first. Include temporary or seasonal jobs.

EMPLOYER NAME AND ADDRESS:	POSITION TITLE/DUTIES AND SKILLS:	DATES EMPLOYED:	
		FROM	TO
		REASON FOR LEAVING:	
EMPLOYER PHONE NUMBER:	SUPERVISOR'S NAME:		

EMPLOYER NAME AND ADDRESS:	POSITION TITLE/DUTIES AND SKILLS:	DATES EMPLOYED:	
		FROM	TO
		REASON FOR LEAVING:	
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EMPLOYER NAME AND ADDRESS:	POSITION TITLE/DUTIES AND SKILLS:	DATES EMPLOYED:	
		FROM	TO
		REASON FOR LEAVING:	
EMPLOYER PHONE NUMBER:	SUPERVISOR'S NAME:		

In case of emergency notify:

NAME	ADDRESS	PHONE NO.	RELATIONSHIP

"I hereby certify that the information contained in this form is true and correct. I authorize Shabu Japanese Fondue to contact any of my schools, employers or other references checked yes for the purpose of collecting and obtaining an account of my work experience. I agree to hold any or all them blameless and free of liability for releasing any such information. I understand that if I am employed, any deletion, misrepresentation or misstatement of the facts as stated or implied may result in my dismissal. I understand that this application does not bind either myself or the employer for any specific period regarding employment, and that no promise to the contrary can be made by another employee of Shabu Japanese Fondue.

SIGNATURE

DATE

Shabu Japanese Fondue considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

SUBMIT