

Name First  Middle Initial  Last

Address Street  City  State  Zip

Phone Number  -  -  Are you 18 years or older?  Date you could begin work

Are you attending school?  If yes, what school?

If not, what was the last school you attended?  Did you graduate?

Major field of study  Will you be supplementing your work here with other work or study?

If yes, what?

Salary desired  per hour How many hours a week would you like to work?

What position or positions are you interested in?

**Fill in the hours you are available to work each day.**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
from <input type="text"/> am	from <input type="text"/> am	from <input type="text"/> am	from <input type="text"/> am	from <input type="text"/> am	from <input type="text"/> am	from <input type="text"/> am
to <input type="text"/> am	to <input type="text"/> am	to <input type="text"/> am	to <input type="text"/> am	to <input type="text"/> am	to <input type="text"/> am	to <input type="text"/> am
from <input type="text"/> pm	from <input type="text"/> pm	from <input type="text"/> pm	from <input type="text"/> pm	from <input type="text"/> pm	from <input type="text"/> pm	from <input type="text"/> pm
to <input type="text"/> pm	to <input type="text"/> pm	to <input type="text"/> pm	to <input type="text"/> pm	to <input type="text"/> pm	to <input type="text"/> pm	to <input type="text"/> pm

**Experience**

What restaurant experience do you have? give specific duties.

**Former employers (List below last 4 employers, starting with last one first.)**

Name, Address and Phone number of Employer   
 Month & Year from  to  Salary  Position  Reason for leaving

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