

EMPLOYMENT APPLICATION

HANGAR 1 STEAKHOUSE

APPLICANT INSTRUCTIONS

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "Applicant Note."
2. Complete both sides of this form.
3. If more space is needed to complete any question, use comments section on the back.
4. Print clearly; incomplete or illegible applications will not be processed.

TODAY'S DATE: _____

NAME: _____
LAST FIRST M.I.

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ ALT. PHONE: _____

CURRENT ADDRESS: _____
STREET CITY STATE ZIP

Referred by: _____

PRIOR ADDRESS: _____
STREET CITY STATE ZIP

APPLICANT NOTE

This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Your employment shall be considered employment at will. This means that you may leave or the company may terminate your employment at any time with or without cause. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin, ancestry or disability. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of illegal drugs in your body may be required prior to employment.

AVAILABILITY

For which position are you applying? _____

What date can you start? _____ What category would you prefer? Full-time Part-time Seasonal

For which schedules are you available? Weekdays Weekends Evenings Nights Overtime Other _____

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY/STATE	DATES	GRADUATE?
HIGH SCHOOL			
COLLEGE			
OTHER			

BACKGROUND

List states and counties of residence for the past seven years. _____

Yes No Have you used any names or Social Security Numbers other than those on this page? If so, please list on back.

Yes No Are you a US citizen or otherwise legally authorized to work in the United States?

Yes No Have you been convicted of a crime and/or served any jail time in the past? If so, please describe below.
(In accordance with company policy, this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT DATE	CITY/STATE	CHARGE	STATUS
1.			
2.			

JOB RELATED SKILLS

List languages in which you are fluent. _____

Yes No If the job requires, do you have the appropriate valid drivers license?
DL# _____ Type _____ State of issue _____

Yes No Have you had any moving violations in the last 3 years? Please describe _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company.

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the **correct telephone numbers of past employers are critical.**

E M P L O Y M E N T H I S T O R Y	MOST RECENT EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently working for this employer?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, may we contact?	
	_____		_____	
	COMPANY NAME	CITY	STATE	PHONE NUMBER
	FROM _____ TO _____	_____		
	DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	
	DUTIES _____			
	SALARY _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____			
	SECOND MOST RECENT EMPLOYER		_____	
	COMPANY NAME	CITY	STATE	PHONE NUMBER
	FROM _____ TO _____	_____		
	DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	
DUTIES _____				
SALARY _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____				
THIRD MOST RECENT EMPLOYER		_____		
COMPANY NAME	CITY	STATE	PHONE NUMBER	
FROM _____ TO _____	_____			
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME		
DUTIES _____				
SALARY _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____				

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____

INTERESTS. HOBBIES. COMMENTS:

ASK FOR AN ADDITIONAL PAGE, IF NECESSARY

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

PRINT NAME _____

SIGNATURE _____

DATE _____