

St. Thomas Restaurant Group

Employment Application



Last 4: ___ ___ ___ ___

APPLICANT INFORMATION			
Name:		Date:	
Address:			
City:		State:	Postal code:
Home phone:		Cell phone:	
Position applying for:		Location:	Desired salary:
Date available to start:	Type of employment desired: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/>		

Are you authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever worked for this company? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when?
Have you ever been convicted of a crime? * Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain:
* Answering yes to this question does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.	

WORK AVAILABILITY						
Check days/times that you are absolutely not available to work due to other work, school, or family obligations:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>

EDUCATION		
High school:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
College:	Years attended:	Degree:
Other subjects studied:		
Trade, business, or correspondence school:		Years attended:
Subjects studied:		Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Other skills or qualifications:		

PREVIOUS EMPLOYMENT	
Company Name:	Phone:
Address:	Supervisor:
Job Title:	Starting Salary: \$ Ending Salary: \$
Responsibilities:	
Dates: From To	Reason for Leaving:
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company Name:	Phone:
Address:	Supervisor:
Job Title:	Starting Salary: \$ Ending Salary: \$
Responsibilities:	
Dates: From To	Reason for Leaving:
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company Name:	Phone:
Address:	Supervisor:
Job Title:	Starting Salary: \$ Ending Salary: \$
Responsibilities:	
Dates: From To	Reason for Leaving:
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

DISCLAIMER AND SIGNATURE	
<p>"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."</p>	
Applicant Signature:	Date: