

St. Thomas Restaurant Group

Employment Application



Last 4: _____

APPLICANT INFORMATION

Name:		Date:	
Address:			
City:		State:	Postal code:
Phone:		E-mail address:	
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 at least 18 years old? Yes	No	
Are you authorized to work in the United States? Yes	No	
Have you worked for this company before? Yes	No	If yes, when?

WORK AVAILABILITY

For each day of the week, enter the times that you are available to work. Place an X on the days you are not available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM							
TO							

EDUCATION

High school:	Did you graduate? Yes No	Degree:
College:	Years attended:	Degree:
Other subjects studied:		
Trade, business, or correspondence school:		Years attended:
Subjects studied:		Did you graduate? Yes No
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 No	

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 No	

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 No	

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: