



## Application for Employment

Qualified applicants receive consideration for employment without discrimination because of sex; marital status, race, color, creed, national origin, age, or the presence of non-job related handicaps. We are an equal opportunity employer.

### General Information

**Name** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_  
(Last) (First) (Middle)

### Current Address

No. & Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
How long there? \_\_\_\_\_

### Last Previous

No. & Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
How long there? \_\_\_\_\_

**Referral Source:**  Newspaper  Friend  Relative  Employee  Employment Agency  State Agency  Other \_\_\_\_\_

### Position(s)

Employment Position(s) Applied For:

1st Choice \_\_\_\_\_  
2nd Choice \_\_\_\_\_

No. of years Experience: \_\_\_\_\_  
No. of years Experience: \_\_\_\_\_

Will you accept temporary work?  Yes  No  
Will you accept Part-time work?  Yes  No  
Will you accept Full-time work?  Yes  No  
Date available for work \_\_\_\_\_

Are you willing to work days?  Yes  No  
Are you willing to work nights?  Yes  No  
Are you willing to work weekends?  Yes  No  
Are you willing to work holidays?  Yes  No

### Personal

Do you have a legal right to work in this country?  Yes  No  
Are you on lay-off status from another company?  Yes  No  
Are you over 18 years of age?  Yes  No  
If applying for a position requiring you to serve alcoholic beverages, are you old enough to legally serve alcohol?  Yes  No

Other names under which you have been employed

\_\_\_\_\_

Have you ever worked for us before?  Yes  No  
If yes, state position, date left & reason \_\_\_\_\_

Name, address & phone # of person to notify in case of emergency:  
\_\_\_\_\_

Do you have relatives working for our company?  Yes  No  
Name  
\_\_\_\_\_

### Legal/Medical

Have you been convicted of a misdemeanor?  Yes  No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No  
If yes, please explain, give date & place of conviction  
\_\_\_\_\_

Do you have any physical condition or handicap, which may limit your ability to perform your job?  Yes  No

Do you have any communicable disease which could be transmitted through food handling?  Yes  No

If no, are you willing to have a health department examination certifying this fact?  Yes  No

Note: previous conviction does not exclude an applicant for consideration for employment.

**Education**

College Degrees and vocational certificates will be verified.

School \_\_\_\_\_ City-State \_\_\_\_\_ Major \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

**High School**

**College (Undergraduate)**

**Graduate School**

Are you a continuing student?  Yes  No

If yes, please fill out current or upcoming semester schedule:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment Records**

Give a complete record of your last four jobs and reasons for period's unemployed. Start with most recent experience. May we contact your present employer?  Yes  No

1	Name and Address of Company	Type of Business	Reason for Leaving		Date Ended Mo. Yr.
	Telephone	Position Title	Supervisor	Weekly Starting Wage	Weekly Ending Wage
	Describe your position:				Date Started

2	Name and Address of Company	Type of Business	Reason for Leaving		Date Ended Mo. Yr.
	Telephone	Position Title	Supervisor	Weekly Starting Wage	Weekly Ending Wage
	Describe your position:				Date Started

3	Name and Address of Company	Type of Business	Reason for Leaving		Date Ended Mo. Yr.
	Telephone	Position Title	Supervisor	Weekly Starting Wage	Weekly Ending Wage
	Describe your position:				Date Started

**Additional**

Please provide any additional information about yourself you wish us to consider in determining your eligibility for employment.

**Personal References - Not former employers or relatives.**

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Affadavit**

I certify that the answers given by me to the foregoing questions and statements are true and correct without omissions of any kind whatsoever. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I further understand and agree that a false statement herein is grounds for denial of employment, or basis for dismissal if already employed. I understand that if hired by Stone Ridge Grille, my employment will be of indefinite duration and that either the company or I will be free to terminate this employment relationship at will at any time. I further understand that any representations to the contrary are unauthorized and void unless contained in a written employment contract.

Date \_\_\_\_\_ Signed \_\_\_\_\_