



23623 N. Scottsdale Rd.
 Scottsdale, AZ 85255
 480-502-1111

EMPLOYMENT APPLICATION

(Please print all information clearly)

Date:

PERSONAL INFORMATION and VERIFICATION

Last Name	First	Middle	Home Phone #	Cellular #
Address (Street and Number)		Apt. #	Social Security #	Other I.D.
City, State, Zip Code			Driver's Licence #	State Expiration
Date of Birth (Applicants under 18 years old must have working papers)			U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Notification Contact (Name, Relationship, Phone #)			If Not, Lawful Permanent Resident Alien #	
			Comments	

EMPLOYMENT INFORMATION

Have you ever worked for restaurants before	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Position desired					
Do you have any relatives or friends in our employ	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Salary desired					
Name/Relationship	Status Desired FT <input type="checkbox"/> PT <input type="checkbox"/> TEMP <input type="checkbox"/>							
Days and Hours available for work:								
	MON.	TUE.	WED.	THURS.	FRI.	SAT.	SUND.	List any physical condition which may limit your ability to perform the job:
From:								
To:								

REFERENCES

Date	Company Name, Address, Phone #, Mgr. Name	Job Description	Salary	Reason for Leaving

EDUCATION INFORMATION

HIGH SCHOOL	Name, City, State	Major	Graduate?	GPA	Completed
					9 10 11 12
COLLEGE UNIVERSITY	Name, City, State	Major	DEGREE	GPA	Completed
					1 2 3 4
OTHER	Name, City, State	Major	CERTIFICATE	GPA	Completed
					1 2 3 4
Special Training or Skills					

Applicants Signature	Date	
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