JOB APPLICATION FORM

Persona	al Inform	ation						
First Name: Last Nam				t Name:				
				City, State, Zip:				
Home Phone:			Cell Phone:					
Social Security Number:				Are you at least 18 years old? Yes No				
Can you pro	ovide verifica	tion of your	legal right to	work in the	e U.S.? Yes	No		
We only hir	e applicants	aged 16 and	l older. Do y	ou meet this	s requiremer	nt? Yes No		
Availabi	lity							
	v long do you	intend to w	ork for us?					
				> 2 vears	5			
0-6 months 6 months-1 year 1-2			-	2nd choice				
	ole work hou							
Weekly Avai	ilability—ple	ase indicate	the hours yo	ou are availa	ble to work	each day:		
	SUN	MON	TUES	WED	THURS	FRI	SAT	
FROM								
то								
Education	on							
High School	l:		_Current Gr	ade? 9 10 11	L 12 Graduat	ted? Yes No		
College:			Degree Ear	ned:		<u></u>		
Rate You	urself							
	le 2=I'm OK	3=l'm	pretty good	4=Veah	that's me!	5=l'm-the-	bomb.com	
	spitality (You	'	, , ,	,			bonnb.com	
		•	•			,	e of urgency.	
		·					self-discipline	
Con	nmunication	Skills (You a	are a great li	stener, and y	ou commun	nicate well w	ith others.)	
Per	sonal Pride (Your appear	ance, hygier	ne, and achie	evement are	impeccable.	.)	
Tea	mwork (You	work well w	ith others in	a team env	ironment.)			





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Work History

Starting with your most recent job, list present and past employment.

Company Name	Dates Employed	Position Title	Starting Salary	Ending Salary	Reason for Leaving

What Would Others Say About You?

Please provide the names, addresses, and telephone numbers for three (3) people whom we can contact for references.

Name	Address	City, State, Zip	Phone (Include area code)	Occupation

More About You Tell us about a time that you personal gave great guest service.				
Why do you want to work for us?				
Why should we hire you?				
Have you ever been convicted of a felo	iny? YES NO			
Do you have reliable transportation to	get to work? YES NO			
tained is true and accurate. I understand that any far employment. If I am employed, I agree to abide by and or	upleted this application and that, to the best of my knowledge, the information con- alse information or significant omissions may disqualify me from consideration or comply with all rules of the company. I further understand that I or the company may use or notice and this agreement cannot be altered or modified.			
Applicant's Signature	 Date			

