



APPLICATION FOR EMPLOYMENT

(Please answer all questions)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

FOR OFFICE USE ONLY			
DATE STARTED			
EMPLOYEE NUMBER			
DEPARTMENT			
Kitchen		Bar Dining Room Other	

NOTICE: Applicant should read the following information carefully before filling out any of the questions on this form. We are an equal opportunity employer and fully subscribe to the principles of equal opportunity. It is our policy to seek and employ the best qualified personnel in all positions without regard to race, color, religion, age, sex, disability, national origin or any other basis made unlawful by either state or federal law. It is our policy to comply with all federal and state employment statutes. Information requested on this application will not be used for any purpose prohibited by law.

NAME: LAST FIRST MIDDLE

PRESENT ADDRESS CITY STATE ZIP CODE

() How long have you lived at the above address? _____

PHONE

Are you 18 years old or older? Yes No If not, state date of birth ____/____/____

If under age 18, how many hours per week are you employed elsewhere? _____ hours

Have you had any name changes this employer should know about in order to verify job or education history? Yes No Previous Name _____

Do you have transportation to and from work? Yes No Are you authorized to work in the U.S.? Yes No

Position applied for? _____ (Use DropBox) Date you can start ____/____/____ Wage desired _____ Are you

applying for Full Time Part Time Temporary Days Only Nights Only Days/Nights

Who recommended you for this position? _____

EDUCATION				
SCHOOLING	NAME OF SCHOOL	GRADE or DEGREE COMPLETED	GRADUATE	
			YES	NO
High School				
College or University				
Others (Specify)				
Military Service Schools Attended				
Military Service Record	War Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	From: (Date)	To: (Date) Highest Grade

PLEASE CHECK THE KIND OF WORK YOU HAVE DONE:

- | | | | |
|--------------------------------------|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bartender | <input type="checkbox"/> Dietitian | <input type="checkbox"/> Pot Washer | <input type="checkbox"/> Wait Staff |
| <input type="checkbox"/> Bus Person | <input type="checkbox"/> Food Prep Technician | <input type="checkbox"/> Salad | <input type="checkbox"/> Food Pantry |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Host or Hostess | <input type="checkbox"/> Sandwiches | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Cook Helper | <input type="checkbox"/> Kitchen Helper | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Counter |

-CONTINUED ON REVERSE SIDE-

PREVIOUS RESTAURANT EXPERIENCE

(LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST)

EMPLOYMENT - Last Company First	COMPANY BUSINESS	YOUR POSITION	IMMEDIATE SUPERVISOR	TITLE	EMPLOYMENT DATES	Hourly Wage	REASON FOR LEAVING
1) Company Name _____ Address _____ _____ Phone _____							
						Date Left	

Job Duties

2) Company Name _____ Address _____ _____ Phone _____					Date Started	Wage	
						Date Left	

Job Duties

3) Company Name _____ Address _____ _____ Phone _____					Date Started	Wage	
						Date Left	

Job Duties

4) Company Name _____ Address _____ _____ Phone _____					Date Started	Wage	
						Date Left	

Job Duties

Do you have any restrictions that would interfere with you ability to perform the essential functions of the job? _____

Have you ever worked at Kroll's East before? Yes No If yes, When _____

Names of Relatives/Friends Employed at Kroll's East _____

IN CASE OF EMERGENCY NOTIFY – (NAME, ADDRESS, PHONE) RELATIONSHIP, IF ANY

1. I authorize investigation of all statements contained in this application.
2. I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment is substantially dependent on truthful answers to the forgoing inquiries.
3. I have read these statements and answers to these inquiries. Yes No
4. **If filling this out online, I understand that typing my name constitutes my signature.**

Date: ___/___/_____ Signature: _____