Fresh Island Restaurant Scafood Steaks Pastas
--

Name

Date:

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Present Address							City			State		Zip Code	
Permanent Address						City			State		Zip Code		
Cell Phone Secondary Pho						y Phone	hone E-			-Mail Address			
Employment Desired													
Positio	Position					Date You Can Start				Salary/Wage Desired			
Are You Currently Employed?						If so, may we Inquire of your present Employ				ployer?	oyer? Are you over the 18 Years of age?		
What Hours are you Available to Work?							Dlaco	an Y in the	Pay when y	k when you can NOT work			
Moi	nday		sday		esday	Thur	sday		day	Satu		-	ınday
Lunch		Lunch		Lunch		Lunch		Lunch		Lunch		Brunch/Lunch	
Dinner		Dinner		Dinner		Dinner		Dinner		Dinner		Dinner	
Notes or	Notes on Availability												
Have you ever worked for Havana's Fresh Island Restaurant? Yes No Where? Wh									When?				
				Supervisors:									
_													
	er Empl ete				st four emp								
Month a	and Year	1	Name & A	ddress of	Employer	r	Sal	ary	Pos	ition		Reason for L	eaving
From													
То													
From													
То													
From													
То													
From													
То													

References

Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	, , ,	Phone				
General Information								
U.S. Military Service			Rank					
0 1101%								
Special Skills								
Special Training								
"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. 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. I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I give the company permission to attain these reports." In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.								
Signature	Date							
	Do Not Write Delay This Line	I						
	Do Not Write Below This Line							
Interviewed By	Date							
Interviewed By	Date							
Remarks				_				