

EDUCATION

Please list chronologically beginning with most recent education.

SCHOOL NAME GRADUATE? YES NO

ADDRESS

CITY & STATE

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ADDRESS

CITY & STATE

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ADDRESS

CITY & STATE

Please describe in detail how you feel you would benefit our restaurant:

Please list in detail your expectations of a position at our restaurant:

Provide three persons, other than family members, whom we can contact for information on your work ability and character.

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
1.			
2.			
3.			

Do you have any disability that would limit you in performing the position for which you are applying? Yes No

If yes, please explain your disability and describe any specific accommodations that would help you perform the job reliably and safely.

I declare that the answers and information on this application are complete and true to the best of my knowledge, and that any misrepresentation or omission may be cause for my immediate dismissal.

I also understand the my employment with the company may be terminated by either myself or the company at any time without notice, and that neither this application or any other communication is intended to confer any contractual obligation on either the company or myself.

Signature _____ Date _____