

# Cruisers Grill

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

NAME		DRIVERS LICENSE / I.D. NUMBER		
PRESENT ADDRESS	CITY	STATE	ZIP CODE	
PREVIOUS ADDRESS	CITY	STATE	ZIP CODE	
PHONE NUMBER	REFERRED BY			

### EMPLOYMENT DESIRED

POSITION	AVAILABLE START DATE	DESIRED WAGE					
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU EVER WORKED FOR OR APPLIED TO CRUISERS GRILL BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHICH LOCATION?	WHEN?					
DO YOU HAVE ANY FRIENDS OR RELATIVES CURRENTLY EMPLOYED BY CRUISERS GRILL?							
AT CRUISERS GRILL WE SERVE BEER AND WINE WHICH LIMITS THE JOBS AVAILABLE FOR PEOPLE UNDER THE AGE OF 18.	ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, WHEN WILL YOU BE 18?					
ENTER AVAILABILITY FOR EACH DAY.	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

### EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
OTHER				

### FORMER EMPLOYERS

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

DATE: MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES**

(LIST BELOW THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	CONTACT NUMBER	RELATIONSHIP	YEARS KNOWN

**ARE THERE ANY EXPERIENCES, SKILLS OR QUALIFICATIONS THAT YOU HAVE WHICH YOU FEEL WOULD EQUIP YOU TO WORK FOR CRUISERS GRILL?**


HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY / NO CONTEST TO, OR HAD A SUSPENDED IMPOSITION OF SENTENCE FOR ANY OFFENCE (OTHER THAN A MINOR TRAFFIC VIOLATION)?

YES  NO

IF YES, PLEASE EXPLAIN:

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**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

NAME	ADDRESS	RELATIONSHIP	TELEPHONE

**AUTHORIZATION**

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 or misleading statements on this application may result in dismissal, regardless of when they are discovered.

I authorize investigation of all statements contained in this application and any attachments 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.

I understand that Cruisers Grill is a Drug Free Workplace and that my employment or offer of employment may be contingent upon successfully passing a drug test prior to employment. I further understand that at any time during my employment, if a drug test is given and is failed, it will be cause for termination of employment.

I understand that I am required to abide by all Rules and Regulations of the Company.

I understand and agree that if employed, my employment with the company is at will and that nothing contained in this application is intended to promise or guarantee employment for any specific time.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**INTERVIEW NOTES:**

	APPROVED STARTING PAY RATE: