

Employment Application

10 WEST JACKSON STREET	CICERO, INDIANA 4	6034	317-606-8542	10 W E	STJACKS	ON.COM
NAME						
ADDRESS						
CITY		STATE		ZIP CODE		
HOME PHONE		CELL PHON	1			
EMAIL		Best w	ay to contact you?	Home	Cell	Email
Have you ever been convicted of a cri	ime? Yes No	If yes, please explain. (Do not include minor traffic offenses)				

Professional Experience Provide a complete list of your work experience; list most recent employer first.

COMPANY NAME	DATES	TITLE	STARTING SALARY
ADDRESS	TELEPHONE	SUPERVISOR	ENDING SALARY
CITY, STATE	ZIP CODE	REASON FOR LEAVING	
JOB RESPONSIBILITIES (BE SPECIFIC)			
COMPANY NAME	DATES	TITLE	STARTING SALARY
ADDRESS	TELEPHONE	SUPERVISOR	ENDING SALARY
CITY, STATE	ZIP CODE	REASON FOR LEAVING	
JOB RESPONSIBILITIES (BE SPECIFIC)			
COMPANY NAME	DATES	TITLE	STARTING SALARY
ADDRESS	TELEPHONE	SUPERVISOR	ENDING SALARY
CITY, STATE	ZIP CODE	REASON FOR LEAVING	
JOB RESPONSIBILITIES (BE SPECIFIC)			

Restaurant Experience

Education/Advanced Training

GRADUATE SCHOOL ATTENDED	MAJOR	YEARS COMPLETED	YEAR GRADUATED
UNIVERSITY ATTENDED	MAJOR	YEARS COMPLETED	YEAR GRADUATED
HIGH SCHOOL ATTENDED		YEARS COMPLETED	YEAR GRADUATED

References Please list three references.

NAME	RELATIONSHIP	TELEPHONE
NAME	RELATIONSHIP	TELEPHONE
NAME	RELATIONSHIP	TELEPHONE

Emergency Contact Information

NAME	RELATIONSHIP	TELEPHONE

I understand that any false statements in this application will be just cause for dismissal.

I understand that a routine inquiry may be made which will include applicable information concerning character and personal characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I authorize the release of information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information to 10 West Restaurant & Bar.

I have read and fully understand the foregoing statement.

Date

_____ Signature of Applicant_