

APPLICATION FOR EMPLOYMENT

OFFICE USE:

Michie Tavern CA. 1784
683 Thomas Jefferson Parkway
Charlottesville VA 22902
(434)977-1234

PLEASE PRINT

Position(s) Applied For		Date of Application	
How Did You Learn About Us? Ad _____ Agency Website Friend Relative Walk-In Other _____			
Last Name		First Name	Middle Name
Address		City	State Zip Code
Telephone Number(s)		Social Security Number	

JOB HISTORY (Begin with current or most recent)

COMPANY:	Dates Employed	
ADDRESS:	From	To
	<u>Describe Work Performed</u>	
JOB TITLE:		
SUPERVISOR AND PHONE:	<u>Reason for Leaving</u>	

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Are you currently employed? YES NO On what date would you be eligible to work? _____

May we contact your present employer? YES NO May we contact your past employer(s)? YES NO

Applicant's signature and Date _____ **Over for page 2**

If you are applying for seasonal position, are you available to work through October? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO

Proof of citizenship or immigration status will be required upon employment.

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Do you have two required forms of identification in order to complete your paperwork? YES NO

Have you been convicted of a felony within the last 7 years? YES NO

Conviction will not necessarily disqualify an applicant from employment.

If yes. please explain _____

EDUCATION

HIGH SCHOOL _____ YEARS _____

COLLEGE _____ YEARS _____

OTHER _____

Describe any specialized training, apprenticeship, job related skills and/or extra-curricular activities.

Name at least three things about yourself that you consider assets.

State any additional information you feel may be helpful to us in considering your application.

REFERENCES:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

I certify that answers given herein are true and complete to the best of my knowledge and that in the event of false or misleading information given may result in discharge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature of applicant and date

Emergency contact person

Phone