## **Apollo Restaurant**

## **Employment Application**

## **An Equal Opportunity Employer**

The Apollo Restaurant is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should indicate so on this application and/or notify a representative of the organization.

Please print and fill out all sections		
Applicant Information		
Applicant Name		
Phone		
Current Address: Number and street		
City	_ State & Zip	
Position(s) applying for:		
What days and hours are you available for w	vork?	
If hired, on what date can you start working	? / /	
Can you work on the weekends? [ ] Y or [ ]	N Can you work evenings? [ ] Y or [ ] N	
	[] N Wage desired: \$	
If hired, would you have reliable transportat NOTE: <b>Owners, managers and employee</b>	ion to/from work? [ ] Y or [ ] N s of this company do not provide transportation.	
<b>Are you over the age of 18?</b> [ ] Y or [ ] N If hired, are you willing to submit to and pas		
And the second of the second o		
Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [] Y or [] N If no, please describe the functions that cannot be performed.		
	inal offense (felony or misdemeanor)? [ ] Y or [ ] N ure of the crime(s), when and where convicted and disposition of the case.	
School name:	School city, state, zip:	
Did you graduate? [ ] Y or [ ] N		
College / University:		
School name:	School city, state, zip:	
Did you graduate? [ ] Y or [ ] N		
	experience, training, qualifications, or skills which you feel should be brought you especially suited for working with us? [] Y or [] N	
<b>Employment History</b> Are you currently em If you are currently employed, may we contain		
Below, please describe 3 past and/or pr Name of Employer & Supervisor:		
Telephone Number:		
Address:		
City, state, zip:	Length of Employment (Include Dates):	
Position & Duties:		
Reason for Leaving: May we contact this employer for references		

Name of Employer & Supervisor: Telephone Number:	
Address:	<del></del>
City state zin:	Length of Employment (Include Dates):
Position & Duties:	
rosition & Duties.	
Reason for Leaving:	
May we contact this employer for reference	s? [ ] Y or [ ] N
Name of Employer & Supervisor:	
Name of Supervisor:	<del></del>
Telephone Number:	
Address:	
City, state, zip:	Length of Employment (Include Dates):
Reason for Leaving:	
May we contact this employer for reference	s? [ ] Y or [ ] N
, ,	
<b>References:</b> List below three persons who Please include professional references only.	have knowledge of your work performance within the last three years. Do not include family or friends.
Name - First, Last:	
Telephone Number:	
Occupation:	
Number of Years Acquainted:	<del></del>
Name - First, Last:	
Telephone Number:	
Occupation:	
Number of Years Acquainted:	<del></del>
Name - First, Last:	
Telephone Number:	
Number of Years Acquainted:	<del></del>
Please Read and Initial Each Paragraph	ı, then Sign Below
fact that the answers given by me are true omission (including any misstatement) of m	any information that might adversely affect my chances for hiring. I attest to the & correct to the best of my knowledge and ability. I understand that any naterial fact on this application or on any document used to secure can be am employed by this company, terms for my immediate expulsion from the
I understand that if I am employed, my em prior notice, and by either me or the compa	ployment is not definite and can be terminated at any time either with or without any (initial)
provided. I authorize the references I have experiences with them, without giving me p	ences, record of employment, education record, and any other information I have listed to disclose any information related to my work record and my professional prior notice of such disclosure. In addition, I release the company, my former s, partnerships & associations from any & all claims, demands or liabilities arising lation or revelation (initial)
Applicant's Signature:	
Date:	