

TOWER CAFE

APPLICATION FOR EMPLOYMENT



NAME:		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS:		CITY:	STATE:
PERMANENT ADDRESS:		CITY:	STATE:
PHONE:	E-MAIL ADDRESS:		
REFERRED BY:			

POSITION APPLYING FOR:	DATE YOU CAN START:	SALARY DESIRED:
ARE YOU CURRENTLY EMPLOYED? YES <input type="radio"/> NO <input type="radio"/>		
IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		YES <input type="radio"/> NO <input type="radio"/>
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?		YES <input type="radio"/> NO <input type="radio"/>
IF SO, WHEN DID YOU LAST APPLY?		

SCHOOLS ATTENDED	YEARS ATTENDED	DID YOU GRADUATE	COURSE OF STUDY
HIGH SCHOOL:			
COLLEGE:			
TRADE, BUSINESS OR TECHNICAL SCHOOL:			
STUDIES ABROAD:			

Availability - Place an X in the box in which you cannot work							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

PLEASE LIST THREE PROFESSIONAL REFERENCES

NAME: _____	RELATION: _____	PHONE NUMBER: _____
NAME: _____	RELATION: _____	PHONE NUMBER: _____
NAME: _____	RELATION: _____	PHONE NUMBER: _____

EMPLOYMENT HISTORY: BEGINNING WITH MOST RECENT

EMPLOYER: _____ ADDRESS: _____ FROM: _____ TO: _____ SUPERVISOR'S NAME: _____ SUPERVISOR'S PHONE: _____	STARTING SALARY: _____ ENDING SALARY: _____ POSITION: _____ JOB DESCRIPTION: _____ REASON FOR LEAVING: _____
EMPLOYER: _____ ADDRESS: _____ FROM: _____ TO: _____ SUPERVISOR'S NAME: _____ SUPERVISOR'S PHONE: _____	STARTING SALARY: _____ ENDING SALARY: _____ POSITION: _____ JOB DESCRIPTION: _____ REASON FOR LEAVING: _____
EMPLOYER: _____ ADDRESS: _____ FROM: _____ TO: _____ SUPERVISOR'S NAME: _____ SUPERVISOR'S PHONE: _____	STARTING SALARY: _____ ENDING SALARY: _____ POSITION: _____ JOB DESCRIPTION: _____ REASON FOR LEAVING: _____
EMPLOYER: _____ ADDRESS: _____ FROM: _____ TO: _____ SUPERVISOR'S NAME: _____ SUPERVISOR'S PHONE: _____	STARTING SALARY: _____ ENDING SALARY: _____ POSITION: _____ JOB DESCRIPTION: _____ REASON FOR LEAVING: _____

I understand that this application is not intended to in anyway constitute an expressed or implied contract of employment. I further understand that unless otherwise stated in a written agreement, my employment may be terminated with or without cause and with or without notice, at anytime at the option of either Z street Inc. or myself, and that this right may be modified in a written agreement signed by an officer of the company.

I hereby certify that all the information I have supplied in this application is correct and complete. Except as otherwise provided above, I give Z Street Inc. permission to contact any or all of my previous employers or references for full information. Furthermore, I release from all liability and responsibility all persons and entities requesting or supplying information about my employment experience listed on this application, including m y present employers. I understand that any falsification of information will constitute grounds for immediate dismissal upon discovery thereof.

All offers of employment are contingent on showing proof of authourization to work in the United States pursuant to the Immigration Reform and Control Act of 1986. I understand that the information provided in this application may be disclosed to any federal, state or local agency that makes a formal request for such information. As a condition of my being considered for employment I consent to such disclosure and agree to release Z Street Inc. from any liability arising out of such disclosure.

_____ DATE

_____ SIGNATURE OF APPLICANT