

# JACKY'S GALAXIE RESTAURANT

Employment Application



<b>Position Applied for</b>	Server <input type="checkbox"/>	Bartender <input type="checkbox"/>	Host <input type="checkbox"/>	Banquet Server <input type="checkbox"/>
	Busboy <input type="checkbox"/>	Cook <input type="checkbox"/>	Dishwasher <input type="checkbox"/>	Banquet Bartender <input type="checkbox"/>

## APPLICANT INFORMATION

Last Name		First		M.I.	Date		
Street Address				Apartment/Unit #			
City			State			ZIP	
Phone			Cell			E-mail Address	
Date Available			Date of Birth <small>(Optional)</small>			Desired Salary	

Are You 18 or Over: YES  NO

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
<b>Are you Alcohol Certified?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<i>AM</i>							
<i>PM</i>							

## PREVIOUS EMPLOYMENT

Company		Phone	( )	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company		Phone	( )	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company				Phone	(    )	
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From	To	Reason for Leaving				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>EDUCATION</b>						
High School			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
<b>REFERENCES</b>						
<i>Please list three professional references.</i>						
Full Name				Relationship		
Company				Phone	(    )	
Address						
Full Name				Relationship		
Company				Phone	(    )	
Address						
Full Name				Relationship		
Company				Phone	(    )	
Address						
<b>MILITARY SERVICE</b>						
Branch				From	To	
Rank at Discharge				Type of Discharge		
If other than honorable, explain						
<b>DISCLAIMER AND SIGNATURE</b>						
I certify that my answers are true and complete to the best of my knowledge.						
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.						
Signature					Date	