



# WORK HISTORY

List all employers for the last five years, as well as any food and beverage experience. Use additional sheets if necessary.

Check location:

- 33rd Street Bistro     Bistro 33 Davis  
 Suzie Burger

## PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Are you under the age of 18?  YES  NO

Are you authorized to work in the U.S.?  YES  NO

How were you referred to us? \_\_\_\_\_

Have you ever worked for us?  YES  NO

If YES, when \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

If YES, where \_\_\_\_\_

Have you ever been discharged or asked to resign by an employer?

YES  NO If YES, Why? \_\_\_\_\_

Relatives working for one of our family of restaurants \_\_\_\_\_

Other experiences, Training or skills that you feel are especially suited for work at the SRO family of restaurants \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

## EMPLOYMENT DESIRED

Position \_\_\_\_\_

Date you can start \_\_\_\_\_ Salary desired \_\_\_\_\_

Maximum hours you can work each week \_\_\_\_\_

Are you able to perform the essential functions of the job without a reasonable accommodation?  YES  NO

If NO, please describe the function(s) you are unable to perform \_\_\_\_\_

## AVAILABILITY

	Earliest time you are available to work:	Latest time you are available to work:
SUN		
MON		
TUE		
WED		
THU		
FRI		
SAT		

Employer Company/address	Job title & duties	Employment date
		From _____ To _____
		Pay rates
		From _____ To _____
		Reason for leaving
Supervisor information		
Name _____		
Phone _____		
May we call? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Employer Company/address	Job title & duties	Employment date
		From _____ To _____
		Pay rates
		From _____ To _____
		Reason for leaving
Supervisor information		
Name _____		
Phone _____		
May we call? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Employer Company/address	Job title & duties	Employment date
		From _____ To _____
		Pay rates
		From _____ To _____
		Reason for leaving
Supervisor information		
Name _____		
Phone _____		
May we call? <input type="checkbox"/> YES <input type="checkbox"/> NO		

## EDUCATION

If required, you may have to provide us with a Work Permit or Age Certificate.

Circle last year of college or vocational school completed: 1 2 3 4

Graduated?  YES  NO

Most recent school name and location: \_\_\_\_\_

Circle last grade

Completed in High School: 9 10 11 12 GED

Major / area of study / degree: \_\_\_\_\_

School name and location: \_\_\_\_\_

Are you currently a student?  YES  NO

To the best of my knowledge, the information I have provided and the statements I have made in this application are correct and complete. I understand that misrepresentation or omission of facts called for in this application may be cause for immediate dismissal. I also understand that if accepted for employment, my employment with SRO will be for no definite period of time and may be terminated at any time by either myself or SRO, without cause and with or without notice. I understand that no manager or representative of SRO, other than its President, has the authority to enter into any contrary agreement.

I authorize SRO to communicate with my former employers, school officials, persons named as references and to obtain background information. I hereby release SRO and such employers, schools, individuals and agencies from any liabilities whatsoever for damages resulting from the exchange of such information. I understand that reference responses are confidential and are not available for my inspection. I understand that my employment is contingent upon satisfactory employment and personal references, a satisfactory background check and submission of the necessary documents of my identity to work in the United States required by federal immigration law.

Signature of Applicant

Date