



# EMPLOYMENT APPLICATION FORM

Programs, services and employment are equally available to all applicants. Please inform the Human Resources Department if you require a reasonable accommodation for the application or interview.

Today's Date (mm/dd/yy): \_\_\_\_\_  
 Date of interview: \_\_\_\_\_  
 Start Date: \_\_\_\_\_

**APPLICATION DATA:**

Position applied for: \_\_\_\_\_

Full Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date available to Start: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Wage Expectations: \_\_\_\_\_

Complete work Times  
 Day's Available:

|             | Su | Mo | Tu | We | Th | Fr | Sa |
|-------------|----|----|----|----|----|----|----|
| Start Time: |    |    |    |    |    |    |    |
| End Time:   |    |    |    |    |    |    |    |

Will you consider all times available:  Yes  No, only times listed above  
 If you are under 18 years of age, can you provide a work permit?  Yes  No If no, please explain:

Have you ever worked for this company, or any other I Ching Restaurant?  Yes  No  
 If yes, Explain: (where, when....) \_\_\_\_\_  
 Are you a citizen of the United States?  Yes  No If no, do you have a permit? \_\_\_\_\_  
 Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal \_\_\_\_\_  
 Have you ever pleaded guilty, no contest or been convicted of a crime?  Yes  No If yes explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Answering yes to these questions does not constitute an automatic rejection for employment. Date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Drivers License #: (If applicable) \_\_\_\_\_ State: \_\_\_\_\_

Summarize your special skills or qualifications:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| Education: (School Name Location) | Major | No. of Years | Diploma or Degree |
|-----------------------------------|-------|--------------|-------------------|
| _____                             | _____ | _____        | _____             |
| _____                             | _____ | _____        | _____             |
| _____                             | _____ | _____        | _____             |

Previous Employment (begin with the most recent)

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Position (s) held: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Address / Location: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

Starting Wages & Position: \_\_\_\_\_ Ending Wages & Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

May we contact this employer for references?  Yes  No \_\_\_\_\_

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Position (s) held: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Address / Location: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

Starting Wages & Position: \_\_\_\_\_ Ending Wages & Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

May we contact this employer for references?  Yes  No \_\_\_\_\_

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Position (s) held: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Address / Location: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

Starting Wages & Position: \_\_\_\_\_ Ending Wages & Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

May we contact this employer for references?  Yes  No \_\_\_\_\_

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_