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Tucson, AZ, 85704
Tel: (520) 293-5168

FOOD ST. KITCHEN IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY TO COMPLY WITH ALL APPLICATBLE STATE AND FEDERAL LAWS PROHIBITING DISCRIMINATION BASED ON RACE, AGE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, OR OTHER PROTECTED CLASSIFICATIONS.

EMPLOYMENT APPLICATION

Legal Name: _____ Today's Date: __/__/____
 Last Name First Name Middle Initial MM/DD/YEAR
 Present Address: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: Home: () ___ - ___ Cell: () ___ - ___ Other () ___ - ___

GENERAL INFORMATION

Age ____
 Could you provide a legal document to work in the United States after employment? ___Yes ___No
 Date Available: __/__/____ (MM/DD/YEAR)
 What Category do you prefer? ___Full-Time ___Part-Time
 What position are you applying for?
 ___Manager ___Assistant Manager ___Cook ___Dishwasher ___Cook Assistant ___Server ___Host/Hostess
 ___Kitchen Manager ___Other
 If you selected "Other", what other positions could you fill?

When are you available to work? ___Weekends ___Weekdays ___Days ___Evenings

AVAILABLE WORKING HOURS

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:

Can you work hours other than those regularly scheduled? ___Yes ___No
 Will you be able to work on holidays? ___Yes ___No
 Will you be able to work overtime if necessary? ___Yes ___No
 Please state the reasons why you would be a good employee in the desired position:

Do you have dependable transportation to work? ___Yes ___No
 Have you ever been convicted of any crime other than a traffic violation in the last 10 years ? (a conviction does not necessarily preclude employment) ___Yes ___No
 If selected "Yes", please explain:

EDUCATION

School Name	City & State	Area of Study	Grades Attended	Degree/Certificate Received
Grade School:				
High School:				
College:				
Other:				

PROFESSIONAL REFERENCES

Name of Company 1: _____ Type of Business: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: () _____ - _____ Position: _____
 Date of Employment: Start: __/__/____ End: __/__/____
 Name of Employer: _____
 Starting Salary: \$ _____ Current Salary or Salary When You Left \$ _____
 Job Description: _____
 Reason for Leaving: _____
 May we check with the Employer: ___Yes ___No

Name of Company 2: _____ Type of Business: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: () _____ - _____ Position: _____
 Date of Employment: Start: __/__/____ End: __/__/____
 Name of Employer: _____
 Starting Salary: \$ _____ Current Salary or Salary When You Left \$ _____
 Job Description: _____
 Reason for Leaving: _____
 May we check with the Employer: ___Yes ___No

Name of Company 2: _____ Type of Business: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: () _____ - _____ Position: _____
 Date of Employment: Start: __/__/____ End: __/__/____
 Name of Employer: _____
 Starting Salary: \$ _____ Current Salary or Salary When You Left \$ _____
 Job Description: _____
 Reason for Leaving: _____
 May we check with the Employer: ___Yes ___No

Name of Company 2: _____ Type of Business: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: () _____ - _____ Position: _____
 Date of Employment: Start: __/__/____ End: __/__/____
 Name of Employer: _____
 Starting Salary: \$ _____ Current Salary or Salary When You Left \$ _____
 Job Description: _____
 Reason for Leaving: _____
 May we check with the Employer: ___Yes ___No

Name of Company 2: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () - - Position: _____

Date of Employment: Start: ___/___/___ End: ___/___/___

Name of Employer: _____

Starting Salary: \$ _____ Current Salary or Salary When You Left \$ _____

Job Description: _____

Reason for Leaving: _____

May we check with the Employer: Yes No

Name of Company 2: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () - - Position: _____

Date of Employment: Start: ___/___/___ End: ___/___/___

Name of Employer: _____

Starting Salary: \$ _____ Current Salary or Salary When You Left \$ _____

Job Description: _____

Reason for Leaving: _____

May we check with the Employer: Yes No

Name of Company 2: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () - - Position: _____

Date of Employment: Start: ___/___/___ End: ___/___/___

Name of Employer: _____

Starting Salary: \$ _____ Current Salary or Salary When You Left \$ _____

Job Description: _____

Reason for Leaving: _____

May we check with the Employer: Yes No

Name of Company 2: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () - - Position: _____

Date of Employment: Start: ___/___/___ End: ___/___/___

Name of Employer: _____

Starting Salary: \$ _____ Current Salary or Salary When You Left \$ _____

Job Description: _____

Reason for Leaving: _____

May we check with the Employer: Yes No

Name of Company 2: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () - - Position: _____

Date of Employment: Start: ___/___/___ End: ___/___/___

Name of Employer: _____

Starting Salary: \$ _____ Current Salary or Salary When You Left \$ _____

Job Description: _____

Reason for Leaving: _____

May we check with the Employer: Yes No

Name of Company 2: _____ Type of Business: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: () _____ - _____ Position: _____
 Date of Employment: Start: ___/___/___ End: ___/___/___
 Name of Employer: _____
 Starting Salary: \$ _____ Current Salary or Salary When You Left \$ _____
 Job Description: _____
 Reason for Leaving: _____
 May we check with the Employer: ___ Yes ___ No

PERSONAL REFERENCE Give below the name of a person not related to you, whom you have known at least one year

Name: _____
 Address: _____ City: _____ State: _____
 Zip Code: _____ Years Acquainted: _____
 Phone Number: Cell: () _____ - _____ Home: () _____ - _____ Work: () _____ - _____
 Relationship: _____

Name: _____
 Address: _____ City: _____ State: _____
 Zip Code: _____ Years Acquainted: _____
 Phone Number: Cell: () _____ - _____ Home: () _____ - _____ Work: () _____ - _____
 Relationship: _____

Name: _____
 Address: _____ City: _____ State: _____
 Zip Code: _____ Years Acquainted: _____
 Phone Number: Cell: () _____ - _____ Home: () _____ - _____ Work: () _____ - _____
 Relationship: _____

ALL APPLICANTS MUST READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION FOR EMPLOYMENT
 I hereby grant permission to FOOD ST. KITCHEN investigating all the statements contained in this application form, if I am considered for employment. I also understand that misrepresentation or omission of facts called for herein, receipt of unsatisfactory references or failure to pass a prescribed physical exam will be a sufficient cause for dismissal from the company's service. If any of the facts caused for herein change during the course of employment, this may be sufficiency cause for reassignment or dismissal from the company's service. I further understand that this policy cannot be except in writing. I understand that my employment can be terminated at any time, with or without cause, and with or without notice, at the option of either the company or myself. In consideration of my employment, I agree to conform to the rules and regulations of the Company.

I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS ACCURATE AND COMPLETE.

Print Name: _____

Signature: _____

Date: _____