



EMPLOYMENT APPLICATION

Please print clearly in black or blue ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Street Address _____

City, State, Zip Code _____

Phone Number (____) _____ E-Mail Address _____

Are you eligible to work in the United States? Yes____ No____ Are you age 18 or older? Yes____ No____

Are you able to lift 40 pounds? Yes____ No____ Are you able to climb stairs as part of your regular duties? Yes____ No____

Are you able to stand and walk during the course of an 8 hour shift? Yes____ No____

Have you been convicted or pleaded no contest to a felony within the last five years? Yes____ No____

If yes, please explain: _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary desired _____

Are you employed now? Yes____ No____ If yes, may we inquire of your present employer? Yes____ No____

Ever applied to Skylark's before? Yes____ No____ When? _____ Referred by _____

Days and hours available _____ Date you can start _____

Note: Weekends, the months of July, August, September, all holidays and the period between Thanksgiving and New Years Day are the busiest times for Skylark's Cafe and we need to be fully staffed. Therefore, time off and vacations of more than 3 calendar days are strictly limited during the above mentioned periods.

Do you have a FOOD WORKER'S CARD? Yes____ No____ Do you have a ALCOHOL SERVER'S CARD? Yes____ No____

EDUCATION

Grammar school _____ City/State _____ Grade completed _____

High school _____ City/State _____ Grade completed _____

College/Technical _____ City/State _____ Grade completed _____

Special studies, licenses, certificates or awards _____

EMPLOYMENT HISTORY

Employer _____ Position _____ From _____ To _____
Address _____
Phone _____ Supervisor _____ Salary _____
Responsibilities _____
Reason for leaving _____

Employer _____ Position _____ From _____ To _____
Address _____
Phone _____ Supervisor _____ Salary _____
Responsibilities _____
Reason for leaving _____

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Phone _____ Supervisor _____ Salary _____
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Employer _____ Position _____ From _____ To _____
Address _____
Phone _____ Supervisor _____ Salary _____
Responsibilities _____
Reason for leaving _____

AUTHORIZATION

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time. At either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information."

Date _____ Signature _____