

EMPLOYMENT / JOB APPLICATION

Equal Opportunity Employer, all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

EMPLOYMENT ELIGIBILITY

Can you perform the essential functions of the position with or without a reasonable accommodation? YES NO

Have you ever worked for this employer? YES NO

***If YES, write the start and end dates:** _____

Have you ever been convicted of a felony? YES NO

***If YES, please explain:** _____

Are you a U.S. Citizen or authorized to work in the U.S. without any restrictions? (proof of identity and eligibility will be required upon employment.) YES NO

Are you over the age of 18 years? (If no, you may be required to provide a valid work permit.) YES NO

Are you willing to submit to a drug screening test? YES NO

Are you willing to submit to a background screening? YES NO



AVAILABILITY

Your availability will be considered; however, schedules are based on the needs of the business.
For each day, indicate the times you ARE available to work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DEGREE:** _____

OTHER: _____ **CITY / STATE:** _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY **ENDING PAY:** \$ _____ HOUR SALARY

JOB TITLE: _____ **RESPONSIBILITIES:** _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____



EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____



Applicant's Certification and Agreement

This application for employment shall be considered active for a period of time not to exceed 30 days.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Johnny O's Cafe to verify their accuracy and to obtain reference information on my work performance. I hereby release Johnny O's Cafe from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that my offer of employment is contingent upon the completion of a satisfactory background check, drug testing and reference checks. Johnny O's Cafe reserves the right to end my employment should the results of my background screening not be satisfactory. I further understand that my employment with Johnny O's Cafe is considered at will, meaning that either the company or I may terminate the employment relationship at any time, with or without cause or notice

SIGNATURE _____ **DATE** _____

PRINT NAME _____