

Personal Information

Address:				
Email Address:				
Are you legally authoriz □ Yes □ No	ed to work i	n the United States?		
Are you 18 years or olde ☐ Yes ☐ No	r?			
What languages do you	speak?		_	
Position applying for (cl	neck all that	apply):		
☐ Expo/Food Runner	☐ Line Coo	ok		
□ Host	☐ Executiv	ve Chef		
□ Server	☐ Executiv	ve Sous Chef		
□ Busser	☐ Dishwas	sher		
☐ Bartender	☐ Prep Coo	ok		
□ Bar Back				
Desired pay rate:				
Are you applying for:				
☐ Full-time ☐ Pa	rt-time	☐ Seasonal		
Date available to start:				

Availability

Please list the hours you are available to work:

Day:	From:	То:
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Are you available to work holi	days? □ Yes □ No	
Work History Please list your last three emp	ployers, starting with the m	ost recent:
1. Employer Name:		
Dates of Employment: Supervisor Name & Phone No		
Responsibilities:		
Reason for Leaving:		
2. Employer Name:		
Position:		
Dates of Employment:		
Supervisor Name & Phone No Responsibilities:		
Reason for Leaving:		

Position: Dates of Employment: Supervisor Name & Phone Number: Responsibilities: Reason for Leaving:					
	Experience & Skills				
Do you h □ Yes □	ave previous restaurant or hospitality experience? No				
•	For FOH Applicants (e.g., Host, Server, Expo, Bartender):				
0	Can you carry a tray with multiple plates? \square Yes \square No				
0	Are you comfortable using a POS system? \square Yes \square No				
0	Do you have experience with guest service? \square Yes \square No				
0	Are you RAMP certified? \square Yes \square No				
0	Can you stand for long periods of time? \square Yes \square No				
O	Can you lift 30-40 pounds? \square Yes \square No				
• :	For BOH Applicants (e.g., Line Cook, Dishwasher, Prep Cook):				
0	Do you have knowledge of kitchen equipment? \square Yes \square No				
0	Can you work in a fast-paced environment? \square Yes \square No				
0	Do you have your ServSafe Managers License? \square Yes \square No				
0	Do you have your Food Handlers License? \square Yes \square No				
0	Can you lift 40-50 pounds? \square Yes \square No				
O	Can you stand for long periods of time? \square Yes \square No				
□ Yes □					
	ease specify:				

References

Please list two professional references:
1. Name:
Relationship:
Phone Number:
2. Name:
Relationship:
Phone Number:
Disclaimer and Signature
I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false information may disqualify me from employment or result in termination if hired.
Signature:
Date: