

FOR OFFICE USE ONLY

POSITION APPLIED FOR:

DATE:



FOR OFFICE USE ONLY

DATE STARTED:

EMPLOYEE NUMBER:

DEPARTMENT:

APPLICATION FOR EMPLOYMENT

NOTICE: Applicants should read the following information carefully before filling out any of the questions on this form. We are an equal opportunity employer and fully scribe to the principles of equal opportunity. It is our policy to seek and employ the best qualified personnel in all positions without regard to race, color, religion, age, sex, disability, national origin or any other basis made unlawful by either state or federal law. It is our policy to comply with all federal and state employment statues. Information requested on this

NAME: LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

PRESENT ADDRESS CITY STATE ZIP CODE

() How long have you lived at the above address? _____

PHONE

Are you 18 years old or older? Yes No If not, state your birth date ____ / ____ / ____
 Do you have transportation to and from work? Yes No
 Are you authorized to work in the U.S.? Yes No

Position applied for? _____ Date you can start ____ / ____ / ____

Are you applying for: Full Time Part Time Any Days Nights Weekends (Check all that apply)

Where did you hear of this position? _____

EDUCATION				
SCHOOLING	NAME AND ADDRESS OF SCHOOL	GRADE or DEGREE COMPLETED	GRADUATE	
			YES	NO
High School				
College or University				
Other (Specify)				
Military Service Schools Attended				
Military Service Record	War Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	From: (Date) To: (Date)	Highest Grade

CONTINUED ON REVERSE SIDE

PREVIOUS EMPLOYMENT

(LIST YOUR LAST THREE EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST)

EMPLOYMENT	COMPANY BUSINESS	YOUR POSITION	IMMEDIATE SUPERVISOR	TITLE	EMPLOYMENT DATES	YEARLY SALARY	REASON FOR LEAVING
1) Company Name:					Date Start	Salary	
Address _____					Date Left	Salary	
Phone							
Job Duties:							
2) Company Name:					Date Start	Salary	
Address _____					Date Left	Salary	
Phone							
Job Duties:							
3) Company Name:					Date Start	Salary	
Address _____					Date Left	Salary	
Phone							
Job Duties:							

REFERENCES

List two personal references who are not relatives or former supervisors

Name	Address	Telephone	Occupation	Years Known
Name	Address	Telephone	Occupation	Years Known

Are there any job duties that you would be unable to perform? _____

Is there anything we could do to accommodate you so you could perform all the required job duties? _____

Have you ever applied for this company before? Yes No If yes, when? _____

1. I authorize investigation of all statements contained in this application.
2. I understand that misrepresentation or omission of fact called for is cause for dismissal and that my employment is substantially dependent on truthful answers to forgoing inquiries.
3. I have read these statements and answers to these inquiries. YES NO

Your employment with ZimCo, Inc. DBA:ElmerZ Restaurnt/Bar/Event Centre, is at will; its is indefinite and not for any specific period of ti me. This means that the employment relationship may be terminated at any time, with or without cause, with or without notice, by either the employee or the Company, for any reason not expressly prohibited by a law.

Date _____ Signature _____