

Buttermilk Café

really good comfort food.

Employment Application

NAME: _____ DATE: _____

ADDRESS: _____

HOME PHONE: _____ CELL/ALTERNATE PHONE: _____

Desired Employment Information

Position Desired: _____ Will you consider other positions?: _____

Date you can begin work: _____ Hourly wage required: _____

Hourly wage at last place of employment: _____ Are you currently employed? YES NO

May we contact your current employer as a reference? N/A YES NO

Have you ever worked in food service before? YES NO

If so, how long and in what capacity?: _____

What high school did you attend?: _____ Did you graduate? YES NO

Are you currently attending school?: YES NO If so, where and in what year?: _____

Do you have any physical or other limitations or disabilities that would preclude you from performing any work being considered? YES NO If so, what can we do to accommodate your limitations or disabilities?: _____

Do you have any other employment, school activities, sporting events, practices or other commitments that may limit your work availability?: _____

Are you a tobacco smoker? YES NO If so, can you function without smoking during working hours? YES NO

Previous Employment Information

(List most recent information first)

EMPLOYER	POSITION HELD	DATES EMPLOYED	REASON FOR LEAVING
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, false statements on this application could be grounds for dismissal.

SIGNATURE

DATE