

APPLICATION FOR EMPLOYMENT

MAIL TO: ASIAN-GREEK CUISINES, 3767 DARROW RD., STOW, OHIO 44224

1. PERSONAL INFORMATION:

NAME: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
NUMBER STREET CITY STATE ZIP

TELEPHONE NUMBER: _____ SOCIAL SECURITY NUMBER: _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES / NO REFERRED BY: _____

2. EMPLOYMENT DESIRED:

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? YES / NO CAN YOU WORK DOUBLE SHIFTS? YES / NO

CAN YOU WORK HOLIDAYS? YES / NO

PLEASE FILL OUT THE AVAILABILITY FORM BELOW

	MON	TUE	WED	THU	FRI	SAT	SUN
AM							
PM							

3. EDUCATION:

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? YES / NO HIGHEST GRADE COMPLETED: 8 9 10 11 12

CIRCLED HIGHEST DEGREE EARNED: GED AA BD MD PHD OTHER

AREA OF CONCENTRATION OR CERTIFICATES, LICENSES, ENDORSEMENTS:

OTHER TRAINING OR SKILLS:

4. EMPLOYMENT HISTORY:

LIST EMPLOYERS YOU WORKED / WORK FOR STARTING WITH THE MOST RECENT

COMPANY NAME: _____ TITLE: _____

ADDRESS: _____
NUMBER STREET CITY STATE ZIP

START DATE: ____ / ____ / ____ END DATE: ____ / ____ / ____ RATE OF PAY: _____

DETAILED JOB DUTIES: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____ TITLE: _____

ADDRESS: _____
NUMBER STREET CITY STATE ZIP

START DATE: ____ / ____ / ____ END DATE: ____ / ____ / ____ RATE OF PAY: _____

DETAILED JOB DUTIES: _____

REASON FOR LEAVING: _____

CAN WE CONTACT YOUR EMPLOYERS TO VERIFY YOUR INFORMATION? YES / NO

ARE YOU LEGALLY ALLOWED TO WORK IN THE U.S? YES / NO

HAVE YOU BEEN CONVICTED OF A FELONY FOR THE LAST TWO YEARS? YES / NO

IF SO EXPLAIN: _____

DO WE HAVE YOUR PERMISSION TO DO A BACKGROUND CHECK INTO THESE OCCURENCES? YES / NO

PLEASE PROVIDE ANY ADDITIONAL INFORMATION ABOUT YOUR ABILITIES OR INTERESTS THAT MAKES YOU A GOOD CANDIDATE FOR THIS POSITION. _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER, DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, RELEGION, HANDICAP, OR NATIONAL ORIGIN.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THE APPLICATION. I UNDERSTAND THAT OMISSION OR MISREPRESENTATION OF FACTS IS CAUSE FOR MY DISMISSAL.

SIGNATURE: _____ DATE: ____ / ____ / ____