

EMPLOYEE EXPERIENCE (start with the most recent)

1. NAME OF COMPANY _____ DATES OF EMPLOYMENT _____

JOB TITLE _____ REASON FOR LEAVING _____

NAME OF SUPERVISOR _____ PHONE # _____

2. NAME OF COMPANY _____ DATES OF EMPLOYMENT _____

JOB TITLE _____ REASON FOR LEAVING _____

NAME OF SUPERVISOR _____ PHONE # _____

3. NAME OF COMPANY _____ DATES OF EMPLOYMENT _____

JOB TITLE _____ REASON FOR LEAVING _____

NAME OF SUPERVISOR _____ PHONE # _____

HOW DID YOU HEAR ABOUT US? _____

PLEASE PROVIDE A REFERENCE **NON-RELATED** TO YOU & THEIR CONTACT NUMBER:

NAME _____ PHONE _____

We are a year round restaurant looking for experienced & hard working employees. By handing in this application, you are agreeing to the possibility of working double shifts, weekends &/or holidays.

Please read carefully the section below before signing

I certify that I have read and fully completed this form and that the information contained herein is correct to the best of my knowledge. I understand that any false information is grounds for dismissal. I authorize the references listed on this application to give the franchisee any and all information concerning my previous employment and pertinent information they may have, personal and otherwise.

SIGNATURE _____

DATE _____