



EMPLOYMENT APPLICATION FORM

Programs, services and employment are equally available to all applicants. Please inform the Human Resources Department if you require a reasonable accommodation for the application or interview.

Today's Date (mm/dd/yy): _____
Date of interview: _____
Start Date: _____

APPLICATION DATA:

Position applied for: _____

Full Name: First _____ M.I. _____ Last _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell #: _____ Email: _____

Date available to Start: _____ Social Security #: _____ Wage Expectations: _____

Complete work Times
Day's Available:

	Su	Mo	Tu	We	Th	Fr	Sa
Start Time:							
End Time:							

Will you consider all times available: Yes No, only times listed above

If you are under 18 years of age, can you provide a work permit? Yes No If no, please explain:

Have you ever worked for this company, or any other I Ching Restaurant? Yes No

If yes, Explain: (where, when....) _____

Are you a citizen of the United States? Yes No If no, do you have a permit? _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal _____

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No If yes explain: _____

Answering yes to these questions does not constitute an automatic rejection for employment. Date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Drivers License #: (If applicable) _____ State: _____

Summarize your special skills or qualifications:

Education: (School Name Location) Major No. of Years Diploma or Degree

Previous Employment (begin with the most recent)

Dates of Employment: From ___/___/___ to ___/___/___ Position (s) held: _____
Company Name: _____ Address / Location: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Wages & Position: _____ Ending Wages & Position: _____
Reason for Leaving: _____

May we contact this employer for references? Yes No _____

Dates of Employment: From ___/___/___ to ___/___/___ Position (s) held: _____
Company Name: _____ Address / Location: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Wages & Position: _____ Ending Wages & Position: _____
Reason for Leaving: _____

May we contact this employer for references? Yes No _____

Dates of Employment: From ___/___/___ to ___/___/___ Position (s) held: _____
Company Name: _____ Address / Location: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Wages & Position: _____ Ending Wages & Position: _____
Reason for Leaving: _____

May we contact this employer for references? Yes No _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____