

DUNE DECK Cafe

APPLICATION FOR EMPLOYMENT

**PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER**

In order for you to be considered for employment this application must be filled out in its ENTIRETY.

PERSONAL INFORMATION

DATE: _____

NAME:[LAST, FIRST]_____

SOCIAL SECURITY NO. _____

E-mail address: _____

PRESENT ADDRESS

CITY	STATE	ZIP CODE
_____	_____	_____

PERMANENT ADDRESS

CITY	STATE	ZIP CODE
_____	_____	_____

PHONE NO: _____

REFERRED BY: _____

Are you employed? Yes No

Is there something unique or special that you could bring to the Dune Deck Cafe?

Have you ever worked in a restaurant before? Yes No

Are you certified “safe serve” for the state of Florida? Yes No

Do you have reliable transportation to and from work during our hours of operation?
Yes No

Are you applying for a full time position?
Full Time Part Time

If hired, can you submit documents to prove your legal right to work in the U.S.?

Yes No

Are you capable of lifting 50 lbs several times a day as an essential part of your position?

Yes No

Are you capable of being on your feet for 6-10 hour at a time as a requirement for your position? Yes No

How many jobs have you had in the past year? _____ Past two years? _____

What were the circumstances for leaving each job?

Do you have any scheduled obligations coming up in the next six months that we need to know about?

Yes No

Are you willing to work holidays? Yes No

Do you have any previous commitments that may affect your schedule? Yes No

Are you willing to stay late in an emergency? Yes No

When would you be able to start? _____

Salary desired? _____

NAME & LOCATION OF SCHOOL STUDIED	YEARS	GRADUATED?	SUBJECTS
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS SCHOOL			

Special training or Skills? _____

U.S. MILITARY OR NAVAL SERVICE? _____

RANK? _____

**We have specific requirements for personal appearance for dining room and kitchen:
Refer to our employment handbook.**

Are you willing to comply with these requirements? Yes No

EMPLOYMENT HISTORY

	CURRENT EMPLOYER	PREVIOUS EMPLOYER	PREVIOUS EMPLOYER
NAME OR EMPLOYER			
ADDRESS			
MAY WE CONTACT? IF NO EXPLAIN			
SUPERVISOR'S NAME			
PHONE #			
LENGTH OF EMPLOYMENT	FROM: _____ TO _____ Month/year Month/year	FROM: _____ TO _____ Month/year Month/year	FROM: _____ TO _____ Month/year Month/year
POSITION			
DUTIES & RESPONSIBILITIES			
SALARY			
AVERAGE HOURS WORKED PER WEEK			
REASON FOR LEAVING			

REFERENCES give below the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and any pertinent information they may have, personal or otherwise, and release the company from all liability for nay damage that may result from utilization of such information.

I also understand and agree that no representation of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information

in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

REMARKS _____

