



SIGNATURE RESTAURANTS

APPLICATION FOR EMPLOYMENT



SIGNATURE RESTAURANTS

PRE-EMPLOYMENT QUESTIONNAIRE
PHIL STEFANI RESTAURANTS IS AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME
LAST FIRST MI SS#

PRESENT ADDRESS
STREET CITY STATE ZIP

PERMANENT ADDRESS
STREET CITY STATE ZIP

PHONE NO. ARE YOU 21 YEARS OR OLDER? YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? IF YES, PLEASE STATE THE NATURE OF THE OFFENSE. YES NO

EMPLOYMENT DESIRED POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

REFERRED BY

ARE YOU CURRENTLY A RESTAURANT UNION MEMBER?

EDUCATION	NAME & LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL SCHEDULE RESTRICTIONS

BUSINESS SKILLS

ACTIVITIES (CIVIC, ATHLETIC, ETC)
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATED THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OF NATION OF ORIGIN OF ITS MEMBERS
US MILITARY OR NAVAL OFFICE RANK PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVE

FORMER EMPLOYERS (LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	PHONE	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					

WHICH OF THESE JOBS DID YOU LIKE THE BEST?

WHAT DID YOU LIKE BEST ABOUT THIS JOB?

REFERENCE (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	PHONE	YEARS KNOWN
1.				
2.				
3.				

IN CASE OF EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

I CERTIFY THAT ALL OF THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS. I AGREE THAT EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT CAN CHANGE, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS

HIRED YES NO

POSITION

DEPT

EMPLOYEE #

BADGE #

MICROS #

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED

EMPLOYMENT MANAGER

GENERAL MANAGER