

# APPLICATION FOR EMPLOYMENT

Doc #1 in the  
new hire  
process

PRE-EMPLOYMENT QUESTIONNAIRE

DRUG FREE WORK PLACE

EQUAL OPPORTUNITY EMPLOYER

Name: dfgdfgdf today's date: \_\_\_\_\_  
address: dfgdfgdf city: \_\_\_\_\_ state: \_\_\_\_\_ zip: \_\_\_\_\_  
cell phone: dfg email address: \_\_\_\_\_  
emergency contact: \_\_\_\_\_ relation: \_\_\_\_\_ phone #: \_\_\_\_\_  
date you can start: \_\_\_\_\_ last 4 of social security #: XXX-XX- \_\_\_\_\_ (full # to be given upon hire)  
referred by: \_\_\_\_\_ any friends/relatives who work at our locations: \_\_\_\_\_  
position you are applying for: \_\_\_\_\_ others you would consider: \_\_\_\_\_

## VARIOUS RESTRICTIONS AND ACCOMMODATIONS REGARDING WORKING FOR THIS COMPANY:

1. Are you 18 years old or older? \_\_\_\_\_ If 17, please show your graduation document or get a note from your principal in order to be able to work. We are not allowed to hire anyone under 17.
2. Food Allergies: We are a full service restaurant and all employees are at risk for exposure to various food products such as nuts, glutens, milk, soy, eggs, wheat, shellfish, etc.  
List any food allergies: dfgdfg
3. We are open 365 days per year. Shifts begin as early as 8am and go as late as 5am. All employees must be available to work Sundays unless we accommodate you in writing. Please list any time/day limitations that apply to your possible work schedule: dfg
4. Every single person hired by this company must attend a safeserve class on the first available 1st Wed of the month at 9am. This is a requirement by the state of Florida to be done within 30 days of hire. Will you attend? \_\_\_\_\_
5. Do you have ACCESS to transportation, bathroom, and laundry facilities so that you can arrive at work on time, in proper uniform, and with proper hygiene regardless of the weather? \_\_\_\_\_
6. Do you have internet access such as use of the public library or home computer? \_\_\_\_\_
7. Can you read our handbook and other written communications in English? \_\_\_\_\_
8. The job for which you have applied requires repeated lifting of objects weighing 20 pounds or more, standing for hours, and repetitive motion of the arms and legs. Do you require any accommodation to fulfill these tasks? If so please specify \_\_\_\_\_

This company will provide whatever reasonable accommodations that it can. Please help us to understand your needs.

Military Service:

Branch:

Rank:

Dates:

Discharge Info:

Have you ever worked for us before?

dfgdfgdf

Highest level of  
education:  
dfgdf

SUBJECTS OF SPECIAL STUDY/SPECIFIC TRAINING/SKILLS:

dfgdfgdfg

# COMPREHENSIVE EMPLOYMENT HISTORY:

this is to be a comprehensive chronology, not highlights (LIST each of your LAST 5 EMPLOYERS F/T or P/T NO MATTER THE TYPE OR LENGTH OF JOB):  
Begin with the present or most recent job

Dates of Job month/year	Employer, City, Phone #	Position	Weekly Income including any tips	Why you left
Most recent				

Did you list all of your last 5 jobs? \_\_\_\_\_

What volunteer work or projects also contribute to your experience? \_\_\_\_\_

Which was your favorite job and why? \_\_\_\_\_

Which was your favorite employer and why? \_\_\_\_\_

List three traits that describe you when you are working:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

How long do you plan to work for us? \_\_\_\_\_

What do you do best?

\_\_\_\_\_

## AVAILABILITY Check Any That Apply and Explain times etc:

\_\_\_\_\_ I am available for any and all shifts.

I prefer: \_\_\_\_\_ (AM or PM or days of the week)

\_\_\_\_\_ I have another job at \_\_\_\_\_ (name of business) and I must be there: (give days of the week and times): \_\_\_\_\_

\_\_\_\_\_ I have other commitments (school, family, etc): \_\_\_\_\_ (give days/times)

I understand that I am responsible for my schedule and that I must cover any shifts that I cannot work. I also understand that I must speak to management about changing my availability. I understand that decreased availability on my part may make it impossible for my employer to schedule me at all. I further understand that if I am approved for a certain 2nd job, that I understand that this does not mean I am approved for a different 2nd job and that I must discuss this with my employer.

# JOB-RELATED REFERENCES:

Give your manager or someone who was your supervisor in some way from your last 4 jobs.

THE NAME OF PERSON	PHONE #	POSITION, relationship, or job	# YEARS KNOWN
1. _____	# _____	_____	_____ years
(place where I worked with this person: _____)			
2. _____	# _____	_____	_____ years
(place where I worked with this person: _____)			
3. _____	# _____	_____	_____ years
(place where I worked with this person: _____)			
4. _____	# _____	_____	_____ years
(place where I worked with this person: _____)			

other job related contacts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PERSONAL REFERENCES GIVE 4 PERSONS THAT KNOW YOU WELL: (not relatives)

NAME:	PHONE #	YEARS KNOWN	RELATIONSHIP
1. _____	_____	_____ years	_____
2. _____	_____	_____ years	_____
3. _____	_____	_____ years	_____
4. _____	_____	_____ years	_____

HAVE YOU BEEN CONVICTED OF A VIOLATION OF ALCOHOLIC BEVERAGE LAWS OF ANY STATE? \_\_\_\_\_ DATE: \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_ X \_\_\_\_\_ (signature)

Have you ever been convicted of a Felony? \_\_\_\_\_ date of conviction: \_\_\_\_\_  
if yes explain \_\_\_\_\_  
X \_\_\_\_\_ (signature)

Slip resistant shoes are a critical part of the employee's uniform. Sign that you agree to wear slip-resistant shoes whenever you enter our property? X \_\_\_\_\_ (signature)

Sign that you agree to read, understand, and follow the Drug Free Work Place policy?  
X \_\_\_\_\_ (signature)

I authorize investigation of the statements of this application. I authorize my previous employers to release to you any pertinent information they may have, personal or otherwise, and release those employers and this company from any and all liability for any damage that may result from utilization of such information. 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.  
X \_\_\_\_\_ (signature)