

# Baker's DINER

## APPLICATION FOR EMPLOYMENT

- Please Print -

Date of Application \_\_\_\_\_

Position for which applying \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you under 18 years of age?  Yes  No (if under 18 years of age, a work permit is required)

Are you eligible for employment in the United States?  Yes  No  
(Proof of U.S. citizenship or immigration status will be required upon employment)

Have you ever been convicted of, or pled guilty to a felony or a misdemeanor?  Yes  No  
If yes, please list all crimes that you have been convicted of or pled guilty to and include the date of the offense. A criminal record will not necessarily disqualify an applicant for employment.

Have you ever been employed by this company?  Yes  No  
If yes, identify the dates of employment.

### EDUCATION & TRAINING

	Name and Location	Did You Graduate?	Degree Earned	Course Of Study
High School	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
College	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### REFERENCES

Please list three references who are not relatives.

	Name and Occupation	Address	Telephone No.	Years Known
1	_____	_____	( ) _____	_____
2	_____	_____	( ) _____	_____
3	_____	_____	( ) _____	_____

**EMPLOYMENT HISTORY**

From (mo/yr) /	Employer Name:	
To (mo/yr) /	Address:	
Last Salary: \$	Supervisor Name:	Phone: ( )
Position Held:	Reason for Leaving:	
Responsibilities:		

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Last Salary: \$	Supervisor Name:	Phone: ( )
Position Held:	Reason for Leaving:	
Responsibilities:		

Are you presently employed?  Yes  No      May we contact your present/previous employer(s)?  Yes  No

Are you interested in:  Full-time  Part-time (how many hours? \_\_\_\_/week)  Temporary

If temporary, please explain: \_\_\_\_\_

Are there any hours during the day when you would not be available for work?  Yes  No

If yes, please specify: \_\_\_\_\_

Are you willing to work on weekends?  Yes  No      What hours do you prefer to work?  Day  Evening  Night

Have you ever been discharged or forced to resign from any place of employment?  Yes  No      If yes, explain \_\_\_\_\_

What do you consider an acceptable wage/salary for this position? \$ \_\_\_\_\_

**APPLICANT'S CERTIFICATION & ACKNOWLEDGMENT**

- Capitol Diner maintains a policy of non-discrimination for all employees and applicants in every facet of the company's operations. In compliance with federal and state laws, Capitol Diner provides equal opportunities at all levels of employment without regard to race, sex, age, color, religion, national origin, veteran status, creed, marital status, disability or sexual orientation.
- I certify that the information contained in this application is correct to the best of my knowledge. I further understand that falsification, misrepresentation or omission of facts is sufficient cause for rejection of this application or discharge if I am later employed.
- I understand that all statements made here are subject to verification by Capitol Diner. I authorize and consent to any person or organization referenced in this application to furnish Capitol Diner with any and all information concerning my previous employment, education, or any other information pertaining to me upon its request. I release from all liability or responsibility all persons or organizations requesting or supplying such information. For purposes of verification, a photocopy of this authorization shall be considered an original and valid.
- If employed, I understand that I will be an employee "at will" and either Capitol Diner or I may terminate the employment relationship at any time with or without notice. I acknowledge that any offer of employment, or my acceptance of such, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of Capitol Diner or myself. I understand that this application and any other documents which I may receive are not contracts of employment.
- I agree to comply with Capitol Diner's rules, regulations and policies and acknowledge that these rules, regulations and policies may be changed, interpreted, withdrawn, or supplemented any time and without prior notice to me.

I have read and fully understand the contents of this Certification and Acknowledgment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_