



## Application for Employment

*Squeeze In is an equal opportunity employer. All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.*

**Date:** \_\_\_\_\_ **Position applying for:** \_\_\_\_\_

### Personal Information

\_\_\_\_\_  
Legal name: First Last Middle Initial

\_\_\_\_\_  
Address: Street City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No

Are you at least 18 years old?  Yes  No Birth Date: \_\_\_\_\_

### Position Information

Employment status desired:  Full Time  Part Time  Temporary What hours are you available to work? \_\_\_\_\_ If hired, when can you start? \_\_\_\_\_ How did you hear about this job? \_\_\_\_\_ Please list any restaurant experience you have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

\_\_\_\_\_  
Signature of applicant

**Work History (Please start with the most recent)**

1.

2. Company \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

3. Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

4.

5. Job title: \_\_\_\_\_ Supervisor's name and title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

6.

7.

8. Company \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

9. Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

10.

11. Job title: \_\_\_\_\_ Supervisor's name and title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

12.

13.

14. Company \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

15. Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

16.

17. Job title: \_\_\_\_\_ Supervisor's name and title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

18.

**May we contact the employers listed above?**  Yes  No

If not, list the employers you do not want us to contact and why:

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**References:**

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Name Phone Number Relationship

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Name Phone Number Relationship

**Emergency Contact:**

In the event of an emergency, please tell us who you'd like us to call.

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Name Phone Number Relationship

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Name Phone Number Relationship