

 **930 North Griffin Street**

**Bismarck, ND 58501 701-221-6836**

**www.LadyJsCatering.com**

# Application for Employment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Date of Application |   |   |   | Position applied for  **(Kitchen, Server, Bartender, Janitorial, Office)**  |

**PERSONAL INFORMATION**

|  |
| --- |
| Last Name First Name Middle Name Jr/Sr.    |
| Present Street Address City State Zip Code    |
| Phone Number Emergency Contact and Phone #  |

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name and Address of School**  | **Graduated?**  | **Years attended**  | **Degree earned**  |
| **High School**  |  |  |  |  |
| **College**  |  |  |  |  |
| **Other**  |  |  |  |  |

**GENERAL INFORMATION**

|  |
| --- |
|  Date available to start: Full-time or Part-time?   |
|  Day Sun Mon Tues Wed Thur Fri Sat Days and Hours Available to work From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Open For Any Hours To  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  Do you have any medical history that would limit your ability to perform the job applied for without endangering the health or safety of yourself and others? NO YES  |

**EMPLOYMENT/WORK EXPERIENCE**

|  |
| --- |
| **Company No. 1** (Present or most recent employer) Phone Number    |
| Address City State Zip   |
| Employed from (Month and Year) Rate of Pay Position Held From To Starting Ending  |
| Describe all of your significant job duties:   |
| Reason for Leaving: May we contact this employer? YES NO |
| **Company No. 2** Phone Number    |
| Address City State Zip   |
| Employed from (Month and Year) Rate of Pay Position Held From To Starting Ending  |
| Describe all of your significant job duties:   |
| Reason for Leaving: May we contact this employer? YES NO   |
| **Company No. 3** Phone Number    |
| Address City State Zip    |
| Employed from (Month and Year) Rate of Pay Position Held From To Starting Ending  |
| Describe all of your significant job duties:   |
| Reason for Leaving: May we contact this employer? YES NO   |
| **Company No. 4** Phone Number    |
| Address City State Zip   |
| Employed from (Month and Year) Rate of Pay Position HeldFrom To Starting Ending |
| Describe all of your significant job duties: |
| Reason for Leaving: May we contact this employer? YES NO |

**PERSONAL REFERENCES**

|  |
| --- |
| List 3 references who are not relatives who you have known for at least one year |
| Name Address Phone Number Relationship Years Known   |
| Name Address Phone Number Relationship Years Known     |
| Name Address Phone Number Relationship Years Known     |

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and agree to have any of the statements check, unless I have indicated to the contrary. Further, I release parties and persons from any and all liability for any damages that result from furnishing such information that they may have. I understand that any misrepresentations, falsification, or material omission of information on this application, regardless of the time elapsed after discovery, may result my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company, my former employers and professional references harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

In consideration of my employment, I agree to conform to the rules and standards of this company. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of this company. I understand that no employee or representative of this company, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the president may not alter the at-will nature of the employment relationship unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect o the at-will nature of my employment relationship, that is final and fully binding, and that there are no oral or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the provisions of satisfactory proof of an applicant's identity and legal authority to work in the United States under Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read, understand and agree to the above statements.

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Signature of Applicant Date