



The Rock Restaurant

EMPLOYMENT APPLICATION

www.therockrestaurant.net

APPLICATION INFORMATION

Last Name	First Name	Middle Name		
Present Address	City	State	Zip	How long have you lived there? Yrs Mths
Previous Address	City	State	Zip	How long have you lived there? Yrs Mths
Area Code & Phone Number		Social Security Number		
Age or Date of Birth				

AVAILABILITY

Position for which you are applying:	Date you can start:	Work status desired: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Summer only				
Facility operates from 10:30 am until late in the evening. Indicate the time periods you can work.						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From: To:	From: To:	From: To:	From: To:	From: To:	From: To:	From: To:

EDUCATION

Highest Grade Level Completed (Circle one) 7 8 9 10 11 12 13 14 15 16 16+				
School	Name & Location	Dates Attended	Degree or course study	Did you graduate?
High School	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State			
College	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State			
Other	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State			

JOB RELATED SKILLS

Do not complete any part of this section you believe to be non-job related.

Have the requirements of the job been explained to you, either verbally or in writing? Yes No

Do you understand these requirements? Yes No

Can you perform the requirements of the job with or without reasonable accommodation? Yes No
Please explain reasonable accommodation required (if any) _____

If the job requires, do you have the appropriate valid driver's license? Yes No
DL Number _____ State _____ Type _____

Have you been convicted of any moving violations? Yes No
Please explain: _____

Please list any special skills which may be job related that you feel would be of value to the job or to this company _____

EMPLOYMENT HISTORY

Please list past jobs beginning with your present or most recent employer

Company name and street address		Job Title	Department	Dates of employment Starting Ending
City	State	Zip code	Duties	May we contact?
Supervisor's name		Telephone Number	Reason for leaving	Salary Starting Ending
Company name and street address		Job Title	Department	Dates of employment Starting Ending
City	State	Zip code	Duties	May we contact?
Supervisor's name		Telephone Number	Reason for leaving	Salary Starting Ending
Company name and street address		Job Title	Department	Dates of employment Starting Ending
City	State	Zip code	Duties	May we contact?
Supervisor's name		Telephone Number	Reason for leaving	Salary Starting Ending

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

Name	Address	Phone Number	Years known	Relationship

SECURITY

Have you ever been convicted of a felony or misdemeanor crime in the past 7 years? Yes No
 If so, please describe in the "Additional Information" section below.

In accordance with company policy, this information will not necessarily bar consideration for employment; it will be reviewed for job relatedness.

Have you ever used any SSN's other than those on this page? Yes No

If so, please list _____

List all states and countries of residence for the past seven years _____

ADDITIONAL INFORMATION

To be used by applicant only as additional room to answer any previous questions.

TO BE CONSIDERED FOR EMPLOYMENT, APPLICATION MUST BE SIGNED AND COMPLETE WHERE APPLICABLE

Applicant's Signature

Date