

DATE
POSITION APPLIED FOR

TJ's Steakhouse

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

FOR OFFICE USE ONLY
DATE STARTED
EMPLOYEE NUMBER
DEPT/PARTMENT Kitchen Bar Dining Takeout

NOTICE: Applicant should read the following information carefully before filling out any of the questions in this form. We are an equal opportunity employer and fully subscribe to the principles of equal opportunity. It is our policy to seek and employ the best qualified personnel in all positions without regard to race, color, religion, age, sex, disability, national origin or any other basis made unlawful by either state or federal law. It is our policy to comply with all federal and state employment statutes. Information requested on this application will not be used for any other purpose prohibited by law.

NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
------	------	-------	--------	------------------------

CURRENT ADDRESS	CITY	STATE	ZIP CODE
-----------------	------	-------	----------

()	
PHONE	E-MAIL ADDRESS

Are you 18 years or older? Yes No Date of birth _____

If under 18, how many hours per week are you employed elsewhere? _____ hrs.

Have you had any name changes we should know about in order to verify job or education history? Yes No Previous Name _____

Do you have transportation to and from work? Yes No Are you authorized to work in the U.S.? Yes No

Position applied for? _____ Date you can start _____ Salary Desired _____

Are you applying for Full Time Part Time Days Only Nights Only Temporary / Seasonal

How did you hear about this position? _____

EDUCATION

SCHOOLING	NAME AND ADDRESS OF SCHOOL			GRADE or DEGREE COMPLETED	GRADUATE	
					YES	NO
High School						
College or University						
Others (Specify)						
Military Service Schools Attended						
Military Service Record	War Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	From: (Date)	To: (Date)	Highest Grade	

PLEASE CHECK THE KIND OF WORK YOU HAVE DONE:

- | | | | |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> Bartender | <input type="checkbox"/> Cashier | <input type="checkbox"/> Host or Hostess | <input type="checkbox"/> Vegetable Cook |
| <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Catering | <input type="checkbox"/> Kitchen Helper | <input type="checkbox"/> Wait Staff |
| <input type="checkbox"/> Bus Person | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Kitchen Runner | <input type="checkbox"/> Wait Staff-Arm Service |
| <input type="checkbox"/> Carver | <input type="checkbox"/> Delivery | <input type="checkbox"/> Manager | <input type="checkbox"/> Wait Staff-Tray Service |
| <input type="checkbox"/> Chef | <input type="checkbox"/> Dietitian | <input type="checkbox"/> Pastry Cook | <input type="checkbox"/> Wait Staff-Tray Service |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Salad | <input type="checkbox"/> Wok handling |
| <input type="checkbox"/> Cook Helper | <input type="checkbox"/> Food Prep Technician | <input type="checkbox"/> Sandwiches | |
| <input type="checkbox"/> Counter | | <input type="checkbox"/> Typist | |

PREVIOUS EXPERIENCE

(LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST)

EMPLOYMENT-Last Company First	COMPANY BUSINESS	YOUR POSITION	IMMEDIATE SUPERVISOR	TITLE	EMPLOYMENT DATES	SALARY	REASON FOR LEAVING
1) Company Name _____ Address _____ Phone _____					Date Started		
					Date Left		
2) Company Name _____ Address _____ Phone _____					Date Started		
					Date Left		
3) Company Name _____ Address _____ Phone _____					Date Started		
					Date Left		

Job Duties

Are there any job duties that you would be unable to perform? _____

Is there anything we could do to accommodate you so you could perform all the required job duties? _____

Are you now employed? Yes No Telephone Number _____

REFERENCES

GIVE BELOW THE NAMES OF TWO REFERENCES NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	CONTACT INFORMATION	RELATION	YEARS KNOWN

IN CASE OF EMERGENCY NOTIFY – (NAME, ADDRESS, PHONE) RELATIONSHIP, IF ANY

1. I authorized investigation of all statements contained in this application.
2. I understand that misrepresentation or omission of facts called for is a cause for dismissal and that my employment is substantially dependent on truthful answers to the foregoing inquires.
3. I read these statements and answers to these inquires. Yes No

DATE _____ Signature _____

Please fax or mail completed applications to:
Fax: 920-831-8331 Mail: TJ Steakhouse
W6157 Lorna Lane
Appleton, WI 54915