APPLICATION ACCEPTED

711 1 210	71110	11710021 12	
DATE		TIME	
1	1	:	AM PM



MANAGER WILL CONTACT

DATE		TIME		
1	,	:	AM PM	

HOURLY RESTAURANT APP		UNDERHE			
	KEA	WING COMPA	U 3 A		
	WE ARE AN EQ	UAL OPPORTUNI	TY EMPLOYER		
Date:					
Name:	First	MI	Social Securit	y No.:	
Address:			Phone	e No.:	
No. Street	City	State	Zip		
Positon Applying For:	Lab Title				
	Job Title			Department	
Are you at least 19 years old?	Yes	No			
How did you learn of this open	ing?(Be specific)				
Do you have the right to work	in the U.S.?	Yes 📮 No			
Rate of pay requested \$	per	Date a	available to start w	ork?	
Please indicate the hours that	you are available to work	:			
SUNDAY MONDA	Y TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Have you ever been convicted (A conviction will not necessar			If yes, ex	oplain:	
Please list below three referen	ces you have known for a	at least one year. (Please exclude rel	atives)	
Name & Occupati	on Addres	ss		Phone Number	
1					
2					
•					

Type of School	Name & Address	Course of Study	Did you Graduate?	List Degree or Diploma	
High School			Yes 🛄 No		
College			☐ Yes ☐ No		
Business or Trade			☐ Yes ☐ No		
Other			☐ Yes ☐ No		
List your complete	WORK HISTORY (LIST MO employment history, but do not p			ve vears ann	
Dates of Employment	Name & Address	Job duties(title)	Starting Pay	Reason for leaving	
From:					
From: To:					
From: To:					
From: To:					
Are you known to schools/references by another name? If yes, please indicate the name(s): I authorize investigation of all statements contained in this application, except where I have requested on this form that no investigation be made. I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I HEREBY AGREE and understand that if hired, my employment is for an indefinite period of time; that regardless of how long I work for you, I may be disciplined, laid-off, and/or discharged at any time with or without cause and with or without prior notice; and that I, at all times during my employment, serve merely at the will and option of my employer, notwithstanding any other express or implied, written or oral policies, practices, procedures, or statements by any individual which have been or may be made to the contrary. I understand that if hired, I will be an employee at will.					
SERVER APPLICANTS ONLY If permitted my State Law, the company will take the applicable tip credit, also, if tip allocation is required, I, the undersigned, agree that allocating tips based on hours worked per tipped employee reflects a good faith approximation of the actual distribution of income among the tipped employee in this establishment. NOTE: IRS rules require that the allocation method "reflect a good faith approximation of the actual distribution of tip income					
Date:	Signature of	f Applicant:			
TO BE COMPLETED AFTER HIRE Employment By: Position:					
Start Date:	Start Rate:		Shift:		