

# Stoke's Grill

Date of Application: \_\_\_\_\_

## Application for Employment

Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you over 18? \_\_\_\_\_ If you are under 18, can you furnish a work permit? \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Desired Pay Range: \_\_\_\_\_

Type of Employment Desired: \_\_\_ Full Time \_\_\_ Part-Time \_\_\_ Seasonal

### Employment History: Starting with your most recent employer, provide the following information:

From (month/yr)	To (month/yr)	Employer	Telephone #
Starting Job Title / Ending Job Title		Address	
Reason for Leaving		Summarize Job Responsibilities	
Compensation: Starting \$:		Final \$:	

From (month/yr)	To (month/yr)	Employer	Telephone #
Starting Job Title / Ending Job Title		Address	
Reason for Leaving		Summarize Job Responsibilities	
Compensation: Starting \$:		Final \$:	

Educational Background	Number of Years Completed	Level of Completion	Course of Study

Applicant Statement I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references to otherwise verify the accuracy of all information provided by me in this application, resume or job interview.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT I certify that I have read, fully understand and accept all the terms of the foregoing Applicant Statement.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_