

Soirees Event Planners and Caterers
APPLICATION FOR EMPLOYMENT
 (AN EQUAL OPPORTUNITY EMPLOYER)



PERSONAL INFORMATION

DATE _____

NAME _____ SOCIAL SECURITY NUMBER _____

FULL ADDRESS _____

PHONE NO. _____ CELL NO. _____

ALTERNATE PHONE NO.(WHOM) _____ ARE YOU 21 YEARS OR OLDER? YES NO

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

EMERGENCY CONTACT INFORMATION: _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____

REFERRED BY _____

DAYS AND HOURS YOU ARE AVAILABLE TO WORK? _____

GENERAL

SPECIAL SKILLS OR TRAINING RELATED TO THE FOOD/CATERING BUSINESS: _____

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 7 YEARS? IF YES, EXPLAIN. (INFORMATION USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY APPLICABLE LAW.) _____

PLEASE SUPPLY THE NUMBERS AND EXPIRATION DATES FOR THE FOLLOWING, AS WELL AS A PHOTOCOPY OF EACH CARD THAT APPLIES TO YOUR POSITION:

HEALTH CARD _____ EXP. DATE _____

TAM CARD _____ EXP. DATE _____

SHERIFF CARD _____ EXP. DATE _____

DRIVERS LICENSE _____ EXP. DATE _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH / YEAR	NAME/ ADDRESS/PHONE OF EMPLOYER	SUPERVISOR	DUTIES/ POSITION	REASON FOR LEAVING
FROM TO				

FROM _____
TO _____

FROM _____
TO _____

DATE _____ SIGNATURE _____