



A SPICE OF LIFE

CATERING + EVENTS | CORPORATE CAFÉS

APPLICANT INFORMATION

NAME:	DATE:	
PHONE:	EMAIL:	
ADDRESS:		
CITY:	STATE:	ZIP:

HOW WERE YOU REFERRED TO OUR COMPANY?

HOURS YOU ARE APPLYING FOR (PLEASE CIRCLE):

Part-time Full-time Temporary-such as summer or holidays Weekends

POSITION YOU ARE APPLYING FOR (PLEASE CIRCLE):

Server Bartender Chef Captain Manager

WHAT DAYS AND HOURS ARE YOU AVAILABLE FOR WORK:

Please be specific.

SUN	MON	TUES	WED	THUR	FRI	SAT

DATE AVAILABLE TO START:

ARE YOU CURRENTLY EMPLOYED:

CURRENT EMPLOYER:

MAY WE CONTACT THEM?

NAME/POSITION:	PHONE:
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PERSONAL INFORMATION

ARE YOU ABLE TO PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP/ LEGAL RIGHT TO WORK IN THE U.S.?

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

IF YES, PLEASE DESCRIBE THE NATURE:

STATUS OF THE CRIME:

EDUCATION

HIGH SCHOOL:

ADDRESS:

YEARS ATTENDED: LEVEL ACHIEVED:

COLLEGE:

ADDRESS:

YEARS ATTENDED:	LEVEL ACHIEVED:
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TRADE, BUSINESS OR CORRESPONDENCE SCHOOL:	
ADDRESS:	
YEARS ATTENDED:	LEVEL ACHIEVED:

MILITARY:	BRANCH:
YEARS OF SERVICE:	RANK:
SKILLS/DUTIES:	

EXPERIENCE	
FORMER/CURRENT EMPLOYMENT	
EMPLOYER:	
ADDRESS:	
PHONE:	DATES EMPLOYED:
SALARY	POSITION:
REASON FOR LEAVING:	

EMPLOYER:	
ADDRESS:	
PHONE:	DATES EMPLOYED:
SALARY	POSITION:
REASON FOR LEAVING:	

EMPLOYER:	
ADDRESS:	
PHONE:	DATES EMPLOYED:
SALARY	POSITION:
REASON FOR LEAVING:	

PROFESSIONAL REFERENCES:	
NAME:	PHONE:
RELATIONSHIP:	YEARS KNOWN:
NAME:	PHONE:
RELATIONSHIP:	YEARS KNOWN:
NAME:	PHONE:
RELATIONSHIP:	YEARS KNOWN:
NAME:	PHONE:
RELATIONSHIP:	YEARS KNOWN:

SPECIAL STUDY, RESEARCH WORK, TRAINING, OR SKILLS YOU WOULD LIKE TO TELL US ABOUT:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

SIGNATURE:

DATE: