## F&B COMMUNICATIONS

# **Application for Employment**

## Please print

Date of application	on	Position applying for					
Name							
	(Last)	(First)		(Middle)			
Have you used an	ny other name for work of	licensure? This could includ	e a "maiden" name, birth	name, alternative spelling. If so list			
Address	City / State / ZIP						
Home telephone (	()Cell telephone ()						
Are you at least 1 Are you at least 1	8 years of age?6 years of age?	Yes No Yes No (If less than a	age 16, can you furnish a	work permit? Yes No			
Have you ever be	en employed here before	? Yes No It	f yes, give date				
		No May we contact y					
If hired, you will Immigration Refo	be required to submit doorm and Control Act of 1		n employment authorization	_ No on and identity compliance with the provide this proof of legal status at			
On what date wor	uld you be available for v	vork?	Expected s	salary:			
Are you available	e to work: Full T	ime Part Time	Occasional				
What days? S M	ITWTFS Any s <sub>l</sub>	pecific hours?					
Are you on a layo	off and subject to recall?	Yes No					
under chapter 321 If so, explain:	or equivalent provisions	e a current unrestricted license	Yes1				
<b>EDUCATION</b>							
School Name	Elementary	High School	College/University	Graduate/Professional			
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4			
Diploma/Degree							
Describe Course of Study:							
		ties; professional societies or olying and your application fo		u believe is related to your ability to			
Special skills and	qualifications, including	those acquired from employs	ment or other experience:				

#### **EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and/or volunteer activities. Account for all periods of unemployment.

Employer	Telephone	<b>Dates Empl</b>	oyed	Work performed		
	( )	From	To			
Address						
Job title						
Supervisor						
Reason for lea	ving					
Employer	Telephone	Dates Empl	oyed	Work performed		
	( )	From	To			
Address						
Job title						
Supervisor						
Reason for lea	ving					
If additional space	ce is needed, pleas	se continue on a	separate sheet of pap	er.		
State any additional information you feel may be helpful to us in considering your application.						

#### **APPLICANT'S STATEMENT**

#### PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the answers given in this Application for Employment are true and complete to the best of my knowledge. The company may investigate all statements made in this Application. I understand that any false or misleading information provided can result in a decision not to hire; immediate discharge if hired, and civil or criminal penalties in appropriate cases.

In signing this Application, I state that I have received a copy of the Job Description for all jobs for which I have applied. I understand that I will be required to fulfill <u>all</u> aspects of any job if I am hired to perform the job. I understand that the failure to fulfill any aspect of the job may result in termination. I also understand that I may be required to take a physical examination conducted by a healthcare provider of the employer's choosing after I am given a qualified offer of employment.

I understand that this Application is not a contract of employn	nent; that if hired, regardless of any oral representations to the						
contrary, the employment relationship between myself and the facility is terminable at will; that I have the right to terminate my							
employment at any time for any reason, and the facility retains the same right. Any changes to this employment relationship must be							
in writing. I understand that if hired I am required to abide by all rules and regulations of the company.							
Signature of Applicant	Witness						
Signature of Applicant	witness						

### **AN EQUAL OPPORTUNITY EMPLOYER**

This facility is an equal opportunity employer. Employment decisions are made without regard to age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, disability, status as a disabled Vietnam era veteran, or other category as specified by law.