# APPLICATION FOR EMPLOYMENT

All appliicants must be 18 years of age or older and
must currently have an active TABC and a Food Handlers or Managers License.

Application Submission Date:

## APPLICANT INFORMATION

| | | | |
|---|---|---|---|
| Last Name | First | M.I. | D.O.B. |
| Street Address | | Apartment/Unit # | |
| City | State | ZIP | |
| Phone | E-mail Address | Social Security No. | |
| Position Applied for | Start Date: | Desired Hourly Wage: | |

Emergency Contact: Name Relationship Phone

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever been convicted of a felony? YES ☐ NO ☐ If yes, explain

Circle Days Available to Work: SUN MON TUES WED THUR FRI SAT

Hours/Shifts available to work:

TABC Certification Exp Date: Food Handlers Certification Exp Date:

## EDUCATION

| | | | | | |
|---|---|---|---|---|---|
| High School | | | Address | | |
| From | To | Did you graduate? | YES ☐ | NO ☐ | Degree |
| College | | | Address | | |
| From | To | Did you graduate? | YES ☐ | NO ☐ | Degree |

## SOCIAL MEDIA PROFILES

Facebook: _____ Instagram: _____

## REFERENCES

*Please list three professional references.*

| | |
|---|---|
| Full Name | Relationship |
| Company | Phone ( ) |
| Address | |
| Full Name | Relationship |
| Company | Phone ( ) |
| Address | |
| Full Name | Relationship |
| Company | Phone ( ) |
| Address | |