

DATE _____



THE DODO RESTAURANT APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME _____ REFERRED BY _____

SOCIAL SECURITY# _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMPLOYMENT INFORMATION

POSITION APPLYING FOR _____ DATE YOU CAN START _____

DESIRED WAGE _____ DO YOU HAVE A CURRENT SL COUNTY FOOD HANDLER'S PERMIT? _____

(SERVER APPLICANTS ONLY) DO YOU HAVE CURRENT ALCOHOL SERVER CERTIFICATION? _____

IF NOT, ARE YOU WILLING TO OBTAIN CERTIFICATION(S) UPON OFFER OF EMPLOYMENT? _____

EDUCATION

	NAME & LOCATION	GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

ARE YOU CURRENTLY IN SCHOOL? _____ FULL OR PART TIME? _____

AVAILABILITY

LIST WHAT DAYS & TIMES YOU CANNOT WORK:

PERSONAL QUESTIONS

HOBBIES _____

EXPLAIN WHY YOU WOULD LIKE TO WORK FOR THE DODO RESTAURANT _____

FORMER EMPLOYERS (PLEASE LIST LAST ONE FIRST)

1. EMPLOYER _____

PHONE _____ EMPLOYED FROM _____ To _____

ADDRESS _____ CITY _____ STATE _____

SUPERVISOR'S NAME & TITLE _____

YOUR POSITION & DUTIES PERFORMED _____

REASON FOR LEAVING _____

2. EMPLOYER _____

PHONE _____ EMPLOYED FROM _____ To _____

ADDRESS _____ CITY _____ STATE _____

SUPERVISOR'S NAME & TITLE _____

YOUR POSITION & DUTIES PERFORMED _____

REASON FOR LEAVING _____

3. EMPLOYER _____

PHONE _____ EMPLOYED FROM _____ To _____

ADDRESS _____ CITY _____ STATE _____

SUPERVISOR'S NAME & TITLE _____

YOUR POSITION & DUTIES PERFORMED _____

REASON FOR LEAVING _____

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HERIN AND THE 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 THE 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 FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE. THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.

SIGNATURE _____ DATE _____