



Application for Employment

Name: (F) _____ (L) _____ Date: _____

Position Applying for: _____

Address: _____ City: _____ Zip: _____

Phone Number _____ Available Start Date: _____

- Are you Legally allowed to work in the United States?
Do you have a Maricopa County Food Handlers Card?
Are you at least 18 years of age?
Do you have a Arizona Liquor Certification?

Educational History:

High School _____ Did you Graduate? _____

College _____ Years Attended _____

Special Skills, Experience, Qualification for the job:

Previous Employment:

From ___/___/___ To ___/___/___ Position Held: _____ Pay _____

Company Name _____ City: _____ Phone _____

Responsibilities _____

Reason for leaving: _____ May we contact _____ Supervisor _____

From ___/___/___ To ___/___/___ Position Held: _____ Pay _____

Company Name _____ City: _____ Phone _____

Responsibilities _____

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From ___/___/___ To ___/___/___ Position Held: _____ Pay _____

Company Name _____ City: _____ Phone _____

Responsibilities _____

Reason for leaving: _____ May we contact _____ Supervisor _____

I certify that the facts contained in this application are true to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. This company is an at-will employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, the company or I may terminate the employment relationship at any time, for any reason, with or without cause or notice

Signature _____ Date _____