



Application for employment

Date: ___/___/___
Month date year

Name: ___ social security No: ___/___/___
First middle last

Present Address: ___
Street city state zip

Birth date: ___/___/___ Day phone: (___) ___-___
Month day year E-Mail Address: _____

Are you legally able to work United States? Yes No

(Proof of identity and legal authority to work in the U.S. is a condition of employment.)

Position applying for: server host/hostess bartender delivery
Bussers cook dishwasher take-away

Are you applying for: Full-time Part-time Date available for employment: _____

Expected starting hourly rate: _____ Expected weekly earnings: _____

- 1. We do not permit smoking in the restaurant while on duty. Are you willing to comply? Yes No
2. Beijing Bistro does not tolerate drug use by employees before or during work. Are you willing to comply? Yes No
3. Have you ever been employed by our company before? Yes No

If yes when? From: ___/___ to: ___/___ what was your position? _____
Month / year Month / year

Why did you leave? _____

- 4. If hired, what notice do you need to give your current employer? _____
5. If offered a position with Beijing bistro, how long would you plan to remain with us? _____

6. Have you ever been convicted of a felony which has not been annulled or sealed by a court? Yes No

If yes, Please explain _____

(Convictions will not necessarily exclude you from employment, but date and type of conviction may be considered for job placement.)

Education:

School	Name of School City, state	Circle Last Year Completed	Diploma/Degree	Grade Average
High school		9 10 11 12	Yes No	
College other		1 2 3 4	Yes No	

❖ Have you ever been involved in any school activities, like sports or leadership program? _____

Business experience:

Present or last employer (name and address of firm) _____

Dates of employment? Position _____ reason for leaving _____

From: ____/____ to: ____/____
 Month / year Month / year

Immediate supervisor's name: _____ phone: (____) ____ - ____ title: _____

Previous employer (name and address of firm) _____

Dates of employment? Position _____ reason for leaving _____

From: ____/____ to: ____/____
 Month / year Month / year

Immediate supervisor's name: _____ phone: (____) ____ - ____ title: _____

Previous employer (name and address of firm) _____

Dates of employment? Position _____ reason for leaving _____

From: ____/____ to: ____/____
 Month / year Month / year

Immediate supervisor's name: _____ phone: (____) ____ - ____ title: _____

Health: To your knowledge do you have or have you ever had any of the following ailments:

High blood pressures yes no Defective hearing yes no Heart disease yes no
 Back trouble yes no Dizziness yes no rupture yes no other _____

Have you been injured in government service or work related injury? Yes No If yes, please explain _____

Date ____/____/____

Signature of applicant _____