

Employment Application

Employment Form: For General Restaurant Work. This is maintained by SNKG LLC and offered as a resource to participating Licensee. Licensee establish their own human resources policies and make their employment decisions based on information helpful to them in operating their restaurant.

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ Apartment Number: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Cell Phone Number: _____

Have you ever worked for a Golden Spoon before: Yes, when/where: _____ No

Are you 16 years of age or over (proof of age or work permit may be required)? Yes No

Are you legally able to be employed in this country (if hired, verification will be required by law)? Yes No

How were you referred? _____

What type of position are you seeking? Part-Time Full-Time Seasonal Temporary

Starting Wage Desired: _____

Date available to start work: _____ Total hours available per week: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Earliest Time:							
Latest Time:							

	School Name, City and State	Years Attended	Degree/Courses
High School:	_____	_____	_____
College:	_____	_____	_____

List below your most recent employer's, beginning with the most recent one.

Date Started: _____ Date Left: _____ Hourly Wage: Starting: _____ Ending: _____

Company: _____ Address: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Reason for leaving: _____

Date Started: _____ Date Left: _____ Hourly Wage: Starting: _____ Ending: _____

Company: _____ Address: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Reason for leaving: _____

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References (Please do not list family members):

Name:	Relation:	Phone Number:	Years Known:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please read carefully the section below before signing.

I certify that I have read and fully completed this form and that the information contained herein is correct to the best of my knowledge. I understand that any omission or false information is grounds for dismissal. I authorize the references listed on this application to give the Licensee any and all information concerning my previous employment and pertinent information they may have, personal and otherwise. I understand that as a part of the procedure for my employment application an investigative consumer report may be made by the Licensee concerning my character, general reputation, personal characteristics and mode of living. This independent Golden Spoon Licensee is an Equal Opportunity Employer. Various federal, state, and local laws prohibit discrimination on account of race, color, religion, sex, age, national origin, disability or veterans' status. It is this Licensee responsibility to comply fully with these laws, as applicable.

Completing this field is required for your application to be considered. I acknowledge that I am applying for employment with an independently owned and operated Golden Spoon Licensee, a separate company and employer from Golden Spoon and any of its affiliates.

Signature: _____ Date: _____