



Date ____/____/____

SUMMIT DINER APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip)
Are you 18 years of age or older?* <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of a felony or misdemeanor in the last 5 years? ** <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please describe below.			

POSITION

Position Or Type Of Employment Desired	Salary Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Any Available
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked at Summit Diner before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when? (month and year) _____		

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No

What is the highest grade completed: (high school or post secondary school education): _____

Name of the last school, college or university attended: _____

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address	Job Title	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
Reason For Leaving		Last Salary
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Telephone Number () -	From (Month/Year)
Address	Job Title	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
Reason For Leaving		Last Salary
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Telephone Number () -	From (Month/Year)
Address	Job Title	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
Reason For Leaving		Last Salary
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

Interviewer's Comments:
