



Application for Employment

Brick Oven Restaurant



Please print answers legibly. Complete all questions on this application.

All employees are verified through U.S. Immigration.

Todos los empleados estan verificados por la imigracion de los Estados Unidos.

We do not discriminate on the basis of race, religion, nationality, gender, age or handicap. It is our intention that all applicants be given equal opportunity and that selection decisions be based on job-related factors.

Applicant Information

Position Desired (First Choice)				Position Desired (Second Choice)				Application Date												
Last Name		First Name		Middle Initial		Name you prefer to be called														
Street Address				City		State		Zip		Phone Number										
How long at this address?		Are you authorized to work in the US and able to provide documentation?						Alternate Phone Number												
Do you have relatives working for Brick Oven? Y N Name and Department:				Have you worked for Brick Oven before? Y N If yes, please list when, the position and your supervisor.																
If you are hired, how long will you stay employed at Brick Oven?						How many hours do you want to work per week?														
Availability	Mark the hours for each day that you will commit to work											Are you available to work on and around holidays? Y N								
	6AM	7AM	8AM	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM	12AM	1AM
Monday																				
Tuesday																				
Wednesday																				
Thursday																				
Friday																				
Saturday																				
How did you hear about the position?						Are you currently enrolled in or attending school? Y N														

Education and Training

High School	Location	Degree or years completed
College	Location	Degree or years completed
Other	Location	Degree or years completed

Work Experience (List present or most recent employment first)

Company Name		Phone Number		Supervisor	
Address		City	State	Zip	From Month/Year To Month/Year
Position and Responsibilities		Hours Worked per Week		Starting Wage	
Reason for Leaving		May we contact?	If no, why?		
Company Name		Phone Number		Supervisor	
Address		City	State	Zip	From Month/Year To Month/Year
Position and Responsibilities		Hours Worked per Week		Starting Wage	
Reason for Leaving		May we contact?	If no, why?		
Company Name		Phone Number		Supervisor	
Address		City	State	Zip	From Month/Year To Month/Year
Position and Responsibilities		Hours Worked per Week		Starting Wage	
Reason for Leaving		May we contact?	If no, why?		

Of the jobs listed above, which did you like the best? Why?		
Of the jobs listed above, which did you like the least? Why?		
Please explain any gaps in your employment.		
Please list any additional employment relevant experience.		
# of work days missed in the past year	Reason?	
Have you ever been convicted of a felony? Y N If yes, please describe below. (A conviction may be relevant if job-related, but it does not necessarily disqualify you from employment.)		
Character References		
Name	Name	Name
Phone	Phone	Phone
Relationship	Relationship	Relationship
Best Time to Contact	Best Time to Contact	Best Time to Contact
Why do you want to work for Brick Oven?		
How do you feel about working in the food service industry?		
What do you expect from Brick Oven?		
How would you describe yourself?		
What activities might affect your availability?		
What are your strengths?	What are your weaknesses?	
What are your career/educational goals?		
How can Brick Oven help you achieve these goals?		
Why do you think you would do a good job for Brick Oven?		
Comments: (Use this section for any additional information or if more space is needed to complete another section.)		

Read the following statement carefully:

In signing this form, I certify that the answers and statements made by me on this application are complete and true to the best of my knowledge. It is understood and agreed that any material misrepresentation made by me in this application will be cause for cancellation of the application and/or for separation from the company if I have been employed. I authorize the company to investigate any or all information contained in this application. I hereby release from liability, Brick Oven Restaurants, and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Applicant Signature _____ Date ___/___/___