

1. APPLICANT INFORMATION

FULL LEGAL NAME

PREFERRED NAME

STREET ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL ADDRESS

DATE AVAILABLE TO START

2. POSITION & AVAILABILITY

POSITION(S) APPLIED FOR

DESIRED PAY

EMPLOYMENT DESIRED

☐ Full-time

☐ Part-time

☐ Seasonal / temporary

AVAILABLE TO WORK

☐ Mon

☐ Tue

☐ Wed

☐ Thu

☐ Fri

☐ Sat

☐ Sun

LIST THE HOURS YOU ARE AVAILABLE EACH DAY / SCHEDULING LIMITATIONS

ARE YOU AVAILABLE FOR

☐ Mornings

☐ Days

☐ Evenings

☐ Weekends

3. WORK ELIGIBILITY & JOB REQUIREMENTS

LEGALLY AUTHORIZED TO WORK IN THE U.S.?

☐ Yes

☐ No

AT LEAST 16 YEARS OLD?

☐ Yes

☐ No

ABLE TO PERFORM THE ESSENTIAL JOB DUTIES WITH OR WITHOUT REASONABLE ACCOMMODATION?

☐ Yes

☐ No

VALID FOOD HANDLER CERTIFICATE?

☐ Yes

☐ No

EXPIRATION (IF ANY)

4. EMPLOYMENT HISTORY - MOST RECENT FIRST

EMPLOYER

JOB TITLE

DATES EMPLOYED

PHONE

SUPERVISOR

REASON FOR LEAVING

EMPLOYER

JOB TITLE

DATES EMPLOYED

PHONE

SUPERVISOR

REASON FOR LEAVING

EMPLOYER

JOB TITLE

DATES EMPLOYED

PHONE

SUPERVISOR

REASON FOR LEAVING

5. EDUCATION & TRAINING

SCHOOL / PROGRAM

CITY / STATE

COMPLETED?

COURSE OF STUDY / CREDENTIAL

OTHER SKILLS OR CERTIFICATIONS

6. PROFESSIONAL REFERENCES - NOT RELATIVES

NAME	RELATIONSHIP	PHONE

EMAIL	YEARS KNOWN

NAME	RELATIONSHIP	PHONE

EMAIL	YEARS KNOWN

NAME	RELATIONSHIP	PHONE

EMAIL	YEARS KNOWN

7. ADDITIONAL INFORMATION

WHY WOULD YOU LIKE TO WORK AT JEFF'S BBQ?

DESCRIBE ANY CUSTOMER SERVICE, FOOD SERVICE, CASH-HANDLING, OR TEAMWORK EXPERIENCE.

8. APPLICANT CERTIFICATION & AUTHORIZATION

I certify that the information in this application is true and complete to the best of my knowledge. I understand that false or misleading information may disqualify me from employment or result in termination. I authorize Jeff's BBQ to contact the employers, schools, and references listed in this application to verify information relevant to my employment. I understand that this application is not a contract or guarantee of employment, and that employment, if offered, is at will to the extent allowed by law.

☐ I have read and agree to the certification above.

APPLICANT SIGNATURE (TYPE FULL NAME)	DATE