

## **Application for Employment**

Today's Date: / /

3029 S Campbell Ave. Springfield, Mo. 65807

Name:									
LAST		FIRST	MID	DLE					
Address:	APT. #								
CITY		STATE		ZIP CODE					
Telephone #:	Cell / Other Phone #:								
E-mail:	SSN:								
What position are you apply	ing for?								
What position are you applying for?  Are you legally eligible to work in the United States & can you furnish proof of such eligibility if hired?   Yes  No  If no, please explain									
If you are under 18 and it is required, can you furnish a work permit? ☐ Yes ☐ No									
Have you submitted an application to us before? ☐ Yes ☐ No If yes, give date, position, and location.									
Date available for work       /       /       /       What is your desired salary? \$         Type of employment desired       □ Full-time (32-40 hrs/wk)       □ Part-time (0-32 hrs/wk)       □ Seasonal									
Please indicate the hours you are available to work during both day and evening (i.e. 凶 Saturday 12-4 p.m.)									
	□ Monday □ Tuesday □ Wednesday □ Thursday □								
□ Friday □ Saturday □ Sunday									
Education									
School	Location	Degree/Diploma	Graduated (Yes/No)	Major / Minor					
High School:	Location	<i>Degree/Diploma</i>	Graduated (Tes/NO)	iviajoi / iviirioi					
College:									
Other:									

Employment History:	(start with most	recent or current em	ployer)			
Employer	Position		Dates Worke	ed	Initial Salary	Current/Last Salary
Supervisor's Name	Supervisor	r's Title	Reason For	Leaving	1	
Address			<b>'</b>		Phone Number	
Employer	Position		Dates Worke	ad.	Initial Salary	Current/Last Salary
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Supervisor's Name Supervisor		's Title Reason For Leaving				
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Address				Phone Number		
					, nene names	
Employer	Position	osition		ed	Initial Salary	Current/Last Salary
Supervisor's Name	Supervisor	r's Title Reason For Leaving		•		
Address				Phone Number		
Deferences with						
References: (List the names and telephone numbers of three p			ces wno are NOT relat Nature of Acquaintant			
Nume		( )		vatare or Acquamtant		Number of Years Mount
Name		Phone Number		Nature of Acquaintance		Number of Years Known
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Nome		Phone Number Nature of Acquaintai		20	Number of Years Known	
Name		( ) -		ature of Acquaintance		Number of Years Known
		,				
Read Carefully Before Sign All applicants considered for employmen		oriminal haskground shoo	ok Lundaratand that in	the event that I am bired th	Chinese Chef Restauran	nt on Campbell Ave. will recome
ight to conduct a criminal background hereby state that I am voluntarily apply	check at any time du	ring my emplyment. By n	ny signature below, I he	ereby authorize the investig	ation of all statements and in	formation obtained in this applicati
any and all parties supplying such inform						t from making an investigation.
certify that I have read, fully understan			al Release Authorization		and Name of the state of	
Print your Name: LAST		FIRST	MIDDLE	Previous Leg	ial Name (if applicable)	
Signature of Applicant: _					Date:	/ /
Office Notes Only:						
- The Hotes Offig.						
Interviewed Conducted By:			Date:	2nd Interview:		Date: