

Crow's Nest & Crabby Joe's Restaurants

2170 North Buck Road Marblehead, Ohio 43440

Application for Employment

PERSONAL INFORMATION:

NAME (LAST NAME FIRST):

PRESENT ADDRESS:

CITY: _____ STATE: _____ ZIP CODE: _____

PERMANENT ADDRESS:

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: (____)-____-____ REFERRED BY:

EMPLOYMENT DESIRED:

POSITION: _____ DATE YOU CAN START:

SALARY DESIRED: _____

ARE YOU EMPLOYED NOW?: YES OR NO

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.A?: YES OR NO

HAVE YOU APPLIED TO THIS COMPANY BEFORE?: YES OR NO

ARE YOU OVER THE AGE OF 18?: YES OR NO

ARE YOU OVER THE AGE OF 21?:

YES OR NO

GENERAL INFORMATION:

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK:

SPECIAL TRAINING:

US MILITARY SERVICE? _____ RANK:

**HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY/ NO CONTEST TO A CRIME?
YES OR NO**

IF YES PLEASE EXPLAIN:

(A CONVICTION WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION. THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY LAW.)

EDUCATION:

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
OTHER				

FORMER EMPLOYERS:

DATE, MONTH YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				

REFERENCES:

PLEASE LIST TWO REFERENCES THAT YOU ARE NOT RELATED TO

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN

AUTHORIZATION:

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS OBTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OF USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS."

DATE: _____ SIGNATURE:
