Application for Employment

Equal Opportunity Employer

This employer considers applicants without regard to race, color, religion, sex, national origin, age, veteran status, disability, genetic information or any other legally protected status.

Date of Application:	Position Applied For:				
Last Name	First	Middl	le	Social Security #	
Street Address	City		State Zip		
Home Phone ( )	Cell Phone ( )		Email		
Have you previously applied for employment.)  Are you legally eligible for employment of any reason who easonable accommodations?  Please describe any accommodations are you meet the attendance reare you willing to travel if the Have you ever been convicted.  An affirmative answer to the proposition of the propositi	ployment in the U.S.?	no If yes, give dance of the no If under 18, antial functions of the normal yes one of the normal no	can you provid the job for whice you work over relocate if this e, and nature of e give date, pla alify you from	e a worker's permit?	
Educational Background School	Address	Years Completed	Degree/ Diploma	Major/Field of Study	
	ephone number of three (3) bus list three (3) schools or person			ot related to you and are not previou	
Name		Telephone		Years Acquainted	
		T			

Employment History: Starting with your most recent job, list your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Employer Telephone Employment Dates Summarize the nature of the work performed То From Address Starting Rate Immediate Supervisor Per Reason for Leaving Position **Ending Rate** Per Telephone **Employment Dates** Employer Summarize the nature of the work performed From To Address Starting Rate Immediate Supervisor Per Position Reason for Leaving **Ending Rate** Employer Telephone **Employment Dates** Summarize the nature of the work performed From To Address Starting Rate Immediate Supervisor Per Reason for Leaving Position **Ending Rate** Per Any misrepresentation or falsification of information by me on this application will be sufficient cause for cancellation of this application and/or separation from J & S Cafeterias, Inc.'s service if discovered after I have been employed. J & S Cafeterias, Inc. in accordance with law complies with all E-Verify, 1-9, and Social Security Number verification requirements. I give J & S Cafeterias, Inc. the right to investigate all references and to secure additional information about me, if job-related. I specifically authorize J & S Cafeterias, Inc. to conduct a criminal record background check on me. I hereby release from liability J & S Cafeterias, Inc. and its representatives from seeking such information and all other persons and corporations for furnishing such information. J & S Cafeterias, Inc. is an Equal Opportunity Employer. J & S Cafeterias, Inc. does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law. This application is valid for only 60 days. At the conclusion of this time, if I have not heard from J & S Cafeterias, Inc. and still wish to be considered for employment, it will be necessary to fill out a new application. I understand that just as I am free to resign at any time, J & S Cafeterias, Inc. reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of J & S Cafeterias, Inc. has the authority to make any assurances to the contrary. I affirm that the information provided on this application (and resume, if provided) is true and complete. Signature of Applicant Date: \_\_\_ For Office Use Only. Do not write in the space below. Date Employed Start Date Classification Hourly Pay Rate Salary Pay Rate Signature of Supervisor \_\_\_\_ Date: \_\_\_\_