

Over the Moon Pub and Pizza

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Employment / Job Application

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NUMBER (SSN) _____ - _____ - _____

DATE AVAILABLE: _____

DESIRED PAY: \$ _____ HOUR

POSITION APPLIED FOR: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

EMPLOYMENT ELIGIBILITY

ARE YOU A US CITIZEN? YES NO*

*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S. YES NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER BEFORE YES* NO

*IF YES, WRITE THE START AND END DATES _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

*IF YES, PLEASE EXPLAIN _____

EDUCATION

HIGH SCHOOL: _____ CITY/STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO

COLLEGE: _____ CITY/STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO

DEGREE: _____

OTHER: _____ **CITY/STATE:** _____

FROM: _____ **TO:** _____

DEGREE: _____

OTHER: _____ **CITY/STATE:** _____

FROM: _____ **TO:** _____

EMPLOYMENT HISTORY

EMPLOYER #1 _____

EMAIL: _____ **PHONE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

STARTING PAY \$ _____ **HOUR** **SALARY**

ENDING PAY \$ _____ **HOUR** **SALARY**

JOB TITLE: _____ **RESPONSIBILITIES** _____

STARTING DATE: _____ **ENDING DATE:** _____

REASON FOR LEAVING: _____

EMPLOYER #2 _____

EMAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING PAY \$ _____ HOUR SALARY

ENDING PAY \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

REFERENCES

REFERENCE #1: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

EMAIL: _____ PHONE: _____

REFERENCE #2: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

EMAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

STARTING DATE: _____ ENDING DATE: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE PLEASE EXPLAIN: _____

BACKGROUND CHECK CONSENT

IF ASKED ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ DATE: _____

PRINT NAME: _____