

EMPLOYMENT HISTORY

PERSONAL INFORMATION

DATE / /

Name (Last)	First	(Middle)	Social Security No.	
Home Address	City		State	Zip
Home Telephone ()	Cellular Phone ()	Business Phone ()		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail				

Position Applying For	Date Available / /	Are you interested in (check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer							
Days and hours available. Complete if applying for restaurant position.									
Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
From								Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No (no one under age 16 may be hired)	
To									

EDUCATION

Type of School	Name and Location of School			Degree/Area of Study	Number of Years Attended	Graduated (Check One)
High School	Name	Address				<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State	Zip			
College	Name	Address				<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State	Zip			
Graduate School	Name	Address				<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State	Zip			
Other	Name	Address				<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State	Zip			

LEGAL

Are you legally authorized to work in the United States? Yes No (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Acts of 1986.)

Were you ever discharged by any company? Yes No If yes, give name of company(ies) _____

Reason for discharge _____

Have you been convicted of a felony (you are not obligated to disclose sealed or expunged records of conviction or arrest)? Yes No If yes, please explain offense and final disposition: _____

(CONTINUED ON BACK)

Federal, State, and local laws prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age, disability that does not affect ability to perform essential job function with or without reasonable accommodation, and other protected classes. Your application will be considered in full accord with applicable Federal, State, and local requirements.

List employment starting with your most recent position. You may include a description of verified work performed on a volunteer basis.
 Is any additional information relative to a different name necessary to check your work record?
 If yes, explain. Yes No

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY OR WAGES	REASON FOR LEAVING
From: / mo. yr.	Name	Your Job Title		Starting	
To: / mo. yr.	Address	Supervisor		Final	
	City & State Phone ()				
From: / mo. yr.	Name	Your Job Title		Starting	
To: / mo. yr.	Address	Supervisor		Final	
	City & State Phone ()				
From: / mo. yr.	Name	Your Job Title		Starting	
To: / mo. yr.	Address	Supervisor		Final	
	City & State Phone ()				
From: / mo. yr.	Name	Your Job Title		Starting	
To: / mo. yr.	Address	Supervisor		Final	
	City & State Phone ()				

REFERENCES

Business references: (do not list relatives)

Name	Address	Work Phone No.	Title	Years Known

PLEASE READ CAREFULLY

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal.
 I understand, also, that I am required to abide by all rules and regulations of **Yinny's Deli.**

APPLICANT'S SIGNATURE

_____/_____/_____
 DATE SIGNED