

## AN EQUAL OPPORTUNITY EMPLOYER APPLICATION FOR EMPLOYMENT

In order for you to be considered for employment, this application must be filled out in its ENTIRETY.

		G	General II	nformation	n				
Date:			Date of Hire: (office use)						
Name:				Birth Date (i	f under 21) _	_ / /			
Last		First	Middle	Social Securi	ity No: /	′/	_		
Present Add	ress:								
Street				City	Star	te	Zip		
Home phone	»: ()		Cell phone:	()	<u>-</u>				
Person to contact in an emergency:			Full name & Telephone Number Cell phone: ()						
				Yes S. is a conditi		ment.)			
	C POSITION position are y			THIS APPLICA	TION TO BE	E CONSIDERI	ED.)		
Server Sushi									
Hostess		Kitchen Help		Type of Employment Desired: Full-Time Part-Time Date Available for Employment:// How were you referred to Sushi NiNi?					
Bartender				now were y	ou reierreu	to Susiii Iviivi			
Have you eve If yes, please		ted of a felong	y which has r	ot been annull	ed or sealed l	by a court?	Yes No		
	V	VORK S	CHEDUI	LE AVAIL	ABILITY	Y			
	ours are you a		ork? We have	shifts from 11	:00 AM to 1	2:00 AM. (Ple	ease list		
SHIFT	MON	TUES	WED	THUR	FRI	SAT	SUN		
AM PM	То	То	То	То	То	То	То		
Are you willing to work a split shift? Yes No		Are you willing to stay late in an emergency?  Yes  No		Are you willing to work holidays / weekends? Yes No		How many hours per week do you expect to work?			

		EDUC	ATION				
Type of School	Name of	Location of	Courses				
High School	School	School	Majored		iploma Yes No	GPA	
College/ Other				Ι	Degree Yes No	GPA	
	Di	USINESS E	VDEDIE	NCF			
(List most recent t			ALLNIE	ANCE			
Present Employer (or most recent) Phone:		To Month	n/Year	Name of Supervisor		Your Position/Duties	
Address:							
Reason For Leaving	:				Salary:		
Present Employer (or most recent) Phone:	From Month/Yea	ar Month	n/Year	Name of Supervisor		Your Position/Duties	
Address:							
Reason For Leaving	:			S	alary:		
Present Employer (or most recent) Phone:	From Month/Yea	ar Month	n/Year	Name of Supervisor		Your Position/Duties	
Address:							
Reason For Leaving	:			S	alary:		
The information pr any misstatement of acceptance of an of continue to employ	or omission of fact fer of employmen	t on this applicati	ion may resul	lt in my disn	nissal. I	understand that	
Signature: Date:							