

Employment Application

LAST NAME	FIRST	MIDDLE INITIAL	SOC. SECURITY #		
STREET ADDRESS		APT. #	CITY	STATE	ZIP
() AREA CODE	TEL. #	ARE YOU 16 OR OLDER?		YES	NO
				IF NOT, AGE _____	

JOB/AVAILABILITY

FOR WHICH JOB ARE YOU APPLYING? _____ WAGE RATE REQUIRED \$ _____ PER HR/WK

IF YOU ARE APPLYING FOR A SERVER/BARTENDER POSITION, ARE YOU OLD ENOUGH TO SERVE OR HANDLE LIQUOR AND WILL YOU BE ABLE TO ESTABLISH THAT AGE IF OFFERED A JOB? YES NO

IF OFFICE JOB, LIST SKILLS/MACHINES YOU CAN OPERATE _____

TOTAL HOURS NEEDED PER WEEK _____ DO YOU HAVE TRANSPORTATION TO WORK? YES NO
 CAN YOU WORK OVERTIME? YES NO

		M	T	W	T	F	S	S
HOURS	FROM							
AVAILABLE	TO							

GENERAL

HAVE YOU EVER APPLIED WITH METZ CULINARY MANAGEMENT OR A METZ AFFILIATE? YES NO
 IF YES, DATE AND LOCATION: _____

I AM INTERESTED IN A POSITION AT:

<input type="checkbox"/> METZ CULINARY MANAGEMENT	<input type="checkbox"/> T.G.I. FRIDAY'S
<input type="checkbox"/> METZ ENVIRONMENTAL SERVICES	<input type="checkbox"/> KRISPY KREME
<input type="checkbox"/> RUTH'S CHRIS STEAKHOUSE	<input type="checkbox"/> WOLFGANG PUCK EXPRESS
<input type="checkbox"/> LUCKY'S SPORHOUSE	

TO COMPLY WITH FEDERAL LAW, WILL YOU BE ABLE TO ESTABLISH YOUR RIGHT TO WORK IN THE U.S. IF OFFERED A JOB? YES NO

HAVE YOU EVER BEEN FIRED? YES NO
 IF YES, EXPLAIN: _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 10 YEARS? YES NO
 IF YES, EXPLAIN: _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? YES NO

DO YOU NOW HAVE HEPATITIS A, SALMONELLA TYPHI, OR ANY OTHER ILLNESS WHICH CAN BE SPREAD BY SERVING OR PREPARING FOOD? YES NO
 IF YES, EXPLAIN: _____

SCHOOL SCHOOL MOST RECENTLY ATTENDED

NAME	LOCATION	COURSE OF STUDY	CURRENTLY ENROLLED?
CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18+			



EMPLOYMENT HISTORY

LIST YOUR THREE MOST RECENT JOBS, FULL-TIME AND/OR PART-TIME, INCLUDING MILITARY IF APPLICABLE, WITH THE MOST RECENT ONE FIRST.

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED (MO/ YR) FROM TO
NAME OF SUPERVISOR	WEEKLY PAY START LAST
JOB TITLE - DESCRIBE YOUR WORK _____	REASON FOR LEAVING

COMPANY NAME	TELEPHONE ()
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I certify that the information provided in this application by me is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for denial of employment or immediate dismissal. I authorize the reference listed above to you any and all information regarding my previous employment and any pertinent information they may have, personal or otherwise, and release all parties of all liability for any damage that may result from furnishing information to you. I understand that nothing contained in this employment application or in the granting of an interview creates an employment contract between the Metz Group and myself for either employment or for the providing of any benefit. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and the Metz Group retains that same right.

DATE _____ SIGNATURE _____