Gar Woods Application for EmploymentFebruary 22

| Date:Position F | Requested: | Home Phone: (|) | Cell Phone: (|) | |
|---|---|--|--|--|--|--|
| Name: | | E-Mail A | Address: | | | |
| Present Physical Address: | | | | | | |
| Present Mailing Address: | | | | | | |
| Permanent Mailing Address | | | | | | |
| Do you have a permanent re | esidence? | | Oo you have transpo | ortation? | | |
| Are you 18 years of age or o | older?Are you 21 | years of age or older? | If hired, can | you show proof | of age? | |
| If you are under the age of 1 | 8, do you have a work permi | it? | Work Permit Num | nber: | | |
| Can you, after employment, | submit verification of your leg | gal right to work in the | United States? | | | |
| Do you have any limitations | that would prohibit you from | performing the job you | have applied for?_ | | | |
| If yes, what accommodations | s need to be considered? | | | | | |
| Did you attend High School? | Name: | | | Graduated: | <u>YES</u> | <u>NO</u> |
| Address: | | | | | | |
| Did you attend College? | Name: | | | Graduated: | <u>YES</u> | <u>NO</u> |
| Address: | | | | | | |
| Are you presently employed | ? | Is it restaurant em | ployment? | | | |
| Please list current or past en | nployment in chronological o | rder. May we call refe | rences? | | | |
| 1. Date: From: | to: | Company: | | | | |
| Position: | Supervisor: | | Teleph | one: () | | |
| Address: | | | | | | |
| 2. Date: From: | to: | _Company: | | | | |
| Position: | Supervisor: | | Teleph | one: () | | |
| Address: | | | | | | |
| 3 Date: From: | to: | _Company: | | | | |
| Position: | Supervisor: | | Teleph | one: ()_ | | |
| Address: | | | | | | |
| In case of Emergency, whon | n may we notify? | | | | | |
| 1. Name: | Relationship: | | Telephone:(|) | | |
| Address: | | | | | | |
| 2. Name: | Relationship: | | _Telephone:(|) | | |
| Address: | | | | | | |
| By making this application at my expense, a uniform of me during my off-duty hou falsification could result if tuture, the operation of a received the very cour reports may or may | consisting of specified cas irs. I warrant that the stater in my immediate terminati motorized vehicle or water juire that you submit to al | ual wear. I further ac ments made in this ap ion. As a condition o craft, your signature l lcohol and/or Drug To | knowledge that the oplication are true of employment for below authorizes of esting any time d | e uniform is sud to the best of m r a position tha Gar Woods to o uring your emp | ch that it only the characteristics of the ch | could be worn by dge and that any s, now or in the opy of your Moto |
| Riva Grill is an equal opport | unity employer and does not | discriminate on the ba | • | . • | | |
| Applicant's Signature: | | Date: | Seas | sonal or Full | līme | Employment? |