

Schiff's Restaurant Service

*** MUST USE BLACK INK PEN***

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

www.myschiffs.com

DATE: _____

PERSONAL INFORMATION

* SOCIAL SECURITY NUMBER * _____ --- _____ --- _____

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO.

ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYEED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

YES NO

EMPLOYMENT DESIRED

POSITION

SALARY
DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE
OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO SCHIFF'S BEFORE?

WHEN?

REFERRED BY

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

SPECIAL SKILLS:

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

U.S. MILITARY
SERVICE

RANK:

PRESENT MEMBERSHIP IN NATIONAL
GUARD OR RESERVES

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

(CONTINUED ON THE OTHER SIDE)

PREVIOUS EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

Start and End Date MM / YY	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
Start ___/___ End ___/___				
Start ___/___ End ___/___				
Start ___/___ End ___/___				
Start ___/___ End ___/___				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NUMBER

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment maybe terminated at any time.

In the consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I, also, understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

HIRED: YES NO

POSITION:

DEPARTMENT:

SALARY / WAGE:

DATE REPORTING TO WORK:

MANAGER'S SIGNATURE