

Date of Application:\_

College

Other

## **EMPLOYMENT APPLICATION**

AN EQUAL OPPORTUNITY EMPLOYER								
Name:								
Address:								
City: State: Zip Code:								
Home Phone: Social Security Number:								
			GENERAL IN	<b>IFORMAT</b>	ION			
Position app	olied for:	Manager ~	Asst Manager ~	Lead ~	Cook	~ C	ounter Persor	ı ~
Available to	work:	Full-Time ~ I	Part-Time ~					
Date available to start work:								
San Sai is open 7 days a week – working hours range from 9AM to Midnight Please fill in the hours you are available to work								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturda	y Sunday	
From To								_
If you are under age 18, can you provide a work permit if offered a job? Yes ~ No ~ (San Sai does not employee people under 16 years of age)  If you are not a U.S. citizen, do you have the right to work in the U.S.? Yes ~ No ~ Have you been convicted of a felony within the last seven years? Yes ~ No ~ (Please exclude convictions that have been sealed, expunged, or legally eradicated. A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)  If yes, please identify the charge, the court, the date of the conviction, and the disposition of the case:								
Have you ever applied for a position with or worked for this Company before?  Yes ~ No ~								
If yes, specify dates:  From:  To:								
EDUCATION								
Lliab Caba-l		Nam	ne of School and A	Address	Majo		o. of Years Completed	Did you Graduate?
High School								

## **EMPLOYMENT HISTORY**

Please list your present and past work experience for the last 10 years, beginning with your current job. You may include volunteer activities.

Name of Employer:	From Month Year		To Month Year				
Address: (Street, City & State)	Telephone:			Pay Starting:			
Position:	Supervisor:			Final:			
Description of Duties:							
Reason for Leaving:							
Name of Employer:	From Month Year		om Year	To Month Year			
Address: (Street, City & State)	Telephone:			Pay Starting:			
Position:	Supervisor:		Final:				
Description of Duties:							
Reason for Leaving:							
Name of Employer:	From Month Year			To Month Year			
	WOTET		1 601	Worter	rear		
Address: (Street, City & State)				Pay Starting:			
Position:	Supervisor:			Final:			
Description of Duties:							
Reason for Leaving:							
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If you need additional space, please continue your response on a separate page.

To assist us to check records and to verify prior employment and education, please indicate whether you were ever employed or enrolled in a school under a name other than that used on this application:	Yes ~	No ~
If yes, please specify the name you were employed or enrolled under:		
If you are employed now, may we contact your current employer?	Yes ~	No ~
Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations?	Yes ~	No ~
Are you a veteran of the United States military service?	Yes ~	No ~
If yes, please state branch of service:		
Please list any job-related professional, trade, business or civic activities, organizations a (You may omit those which indicate race, color, religion, national origin, ancestry, sex, age of a disability):	and ass , or the	ociations. existence
Please provide the names, addresses, and telephone numbers of at least two references where related to you:	o are n	ot
I hereby certify that the information contained in this application form is true and correct knowledge and agree to have any of the statements checked by the Company unless I have contrary. I authorize the references listed above, as well as all other individuals whom the Comprovide the Company any and all information concerning my previous employment and an information that they may have. Further, I release all parties and persons from any and damages that may result from furnishing such information to the Company as well as from any of such information by the Company or any of its agents, employees, or representatives. I un misrepresentation, falsification, or material omission of information on this application may respective an offer or, if I am hired, my immediate dismissal from employment.	e indicanpany cony other of the	nted to the ontacts, to r pertinent ity for any disclosure d that any
In consideration of my employment, I agree to conform to the rules and standards of the Co agree that my employment and compensation can be terminated at will, with or without ca without notice, at any time, either at my option or at the option of the Company. I understand or representative of the Company, other than its president, has the authority to enter into a employment for any specified period of time, or to make any agreement contrary to the foregonesident of the Company may not alter the at-will nature of the employment relationship unand I both sign a written agreement that clearly and expressly specifies the intent to do so constitutes an integrated agreement with respect to the at-will nature of my employment relational and fully binding, and that there are no oral, written, or collateral agreements regarding this	ause, a that no any agre oing. F less the I agre ationship	nd with or employee eement for urther, the president e that this
I also understand that all offers of employment are conditioned on the provision of satisfal applicant's identity and legal authority to work in the United States.	actory p	roof of an
Signature of Applicant		Date