## **SUSHI KING**

## APPLICATION FOR EMPLOYMENT

	PLEASE PRINT			TODA	TODAY'S DATE:					
FIRST NAME	MI	DDLE INITIAL	LAST NAME	DOB						
OUDDEL'T TE										
CURRENT ADDR	ESS: STRE	ΕI	APT.#	CITY	STATE	E ZIP				
PERMANENT AD	DDESS STDE		APT.#	CITY	STATE	חוד				
FERIVIANENT AD	DKESS. SIKE	= I	AP1.#	CITY	SIAIE	E ZIP				
DAY PHONE NO.		EVE	NING PHONE NO.		IS IT A CELL PHON	IE NO.?				
( )	-	(	) -							
FOR WHICH POS	SITION ARE YOU	APPLYING?		DATE YOU ARE AVA	AILABLE FOR EMPLO	YMENT:				
WHAT IS THE MI	NIMUM AMOUNT	OF MONEY YOU	J EXPECT TO MAKE?	/HOUR \$	WEEK					
			\$	/HOUR \$	/VVEEN					
1. If hired, car	1. If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to									
work in the	<b>O</b> Ye	s O No								
2. If hired, car	<b>O</b> Ye	s <b>O</b> No								
•		s <b>O</b> No								
<ul><li>3. Are you of legal age to serve alcohol in this state?</li><li>4. Have you been convicted of a felony or pled guilty to a felony resulting in conviction?</li></ul>										
-		•		•		<b>0</b> 11				
If yes, plea	<b>O</b> Ye	s <b>O</b> No								
5. Have you e	<b>O</b> Ye	s <b>O</b> No								
-		-	ob?							
o. Have you e	ever been tern	iiiaieu iioiii a j	00?		<b>O</b> re	s <b>O</b> No				
DI EAGE IND	IOATE THE	DAVO AND T	IME VOLLABE MO	OT 1 11/F1 V TO F	SE AVAII ABLE					
PLEASE IND	ICATE THE	DAYS AND I	IME YOU ARE MO	SI LIKELY IOE	BE AVAILABLE					
	MON	TUES	WED TH	JR FRI	SAT	SUN				
Earliest time in										
Latest time out										
L	<u> </u>	<u> </u>	<u> </u>							
PLEASE INDICATE YOUR SKILL LEVEL (NO SKILL, FAIR, GOOD OR EXPERT):										
			,	•	•					
BANQUET SERVICE OPEN WINE BOTTLE BAR SERVICE OPEN CHAMPAGNE										
CASHIER			BOT	TLE	<u>-</u>					
			- COC	KTAIL MAKING						

SIGNATURE:

INTERVIEWED BY:

EMPLOYMENT HISTORY								
FROM (M/Y):	TO (M/Y):	EMPLOYER:						
JOB TITLE:	TELEPHONE & ADDRESS:							
NAME OF SUPERVISOR:	RESPONSIBILITIES:							
TITLE:								
MAY WE CONTACT THIS EMPL								
SALARY:		REASON FOR LEAVING:						
FROM (M/Y):	TO (M/Y):	EMPLOYER:						
JOB TITLE:	TELEPHONE & ADDRESS:							
NAME OF SUPERVISOR:	RESPONSIBILIT	IES:						
TITLE:								
MAY WE CONTACT THIS EMPL								
SALARY:	REASON FOR LEAVING:							
FROM (M/Y):	TO (M/Y):	EMPLOYER:						
JOB TITLE:		TELEPHONE & ADDRESS:						
NAME OF SUPERVISOR:		RESPONSIBILITIES:						
TITLE:								
MAY WE CONTACT THIS EMPL								
SALARY:		REASON FOR LEAVING:						
EDUCATION HISTORY:								
		YEARS	DID YOU	MAJOR STUDIES				
SCHOOL NAI	ME / CITY, STATE	ATTENDED:	GRADUATE?	1.				
HIGH SCHOOL:								
UNDERGRADUATE:								
GRADUATE:								
OTHER:				1				
ALITUODITATION								
AUTHORIZATION:								
if employed, falsified statemer I authorize investigation of all and all information concerning	ed in this application are true and nts on this application shall be gro statements contained herein and my previous employment and ar all liability for any damage that r	ounds for dismiss the references a my pertinent infor	sal. and employers f rmation they ma	listed above to give you any ay have, personal or otherwise,				

DATE:

DATE: