



Application for Employment

Pre-Employment Questionnaire

Equal Opportunity Employer

PERSONAL INFORMATION

Name (Last, First)		Social Security No. --- ---	
Present Address	City	State	ZIP Code
Permanent Address	City	State	ZIP Code
Phone Number		Referred By:	

EMPLOYMENT DESIRED

Position(s): Cook Drive-Thru Server Mgmt	Date You Can Start: --- ---
Hours Available? Days Nights Weekends All	Wage Desired: \$
Are You Employed? Yes No	If So, May We Inquire of Your Present Employer? Yes No
Have You Ever Applied to G & L Chili Dogs Before? Yes No	Where? When?

EDUCATION HISTORY

Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
Grammar School			
High School			
College			
Trade, Business, or Correspondence School			

FORMER EMPLOYERS (List Below Last Four Employers, Starting With Last One First)

Date Month and Year	Name, Address, Phone & Contact Person of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				



Application for Employment (Page 2)
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REFERENCES

	Address/Phone Number	Business	Years Known

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information that they may have, personal or otherwise, and release the company for all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date: _____

Signature: _____