



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City _____ State _____ ZIP Code _____

Phone: _____ Email _____

Position Applied for: _____

Available to work the weekends? _____ Available to work any shift? _____

If you are applying for a job that requires you to serve alcohol please fill in your birthdate: ____/____/____

Do you have a valid Driver's License? If so please provide Driver's License Number: _____

Are you a citizen of the United States? YES NO YES NO
 If no, are you authorize to work in the U.S.?

Have you ever worked for this company or D.J.K. Restaurants, Inc.? YES NO
 If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

Previous Employment

Previous Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Previous Employment

Previous Employer: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

I certify that the statements made by me in this application are true, complete, and correct. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signed _____ Date _____

This application will remain active for a period of 3 weeks from the date of completion. Should you wish to reactivate or amend your application at the end of this 3 week period, please notify this office in writing at that time.