



v4.0

# Employment Application

**(Please fill out all fields)**

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

**Emergency Contact** Name: \_\_\_\_\_ Phone #: - - - - - Relation Ship: \_\_\_\_\_

Your Phone #: - - - - - E-mail: \_\_\_\_\_  
Last 4 SSN: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_/hr

**Position Applying For:** \_\_\_\_\_

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

Have you ever worked for this company? YES NO  
If yes, when?

Have you ever been convicted of a felony? \* if allowed by state/local qvt YES NO

If yes, explain:

## Availability

When are you available to work?

## Education

High School: Address: \_\_\_\_\_  
From: To: Did you graduate? YES NO Degree: \_\_\_\_\_

College: Address: \_\_\_\_\_  
From: To: Did you graduate? YES NO Degree: \_\_\_\_\_

Other: Address: \_\_\_\_\_  
From: To: Did you graduate? YES NO Degree: \_\_\_\_\_

## References

Please list two **professional** references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Previous Employment

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor

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

Responsibilities:

From: To: Reason for Leaving: YES NO May we contact your previous supervisor for a reference?

Business Name: Phone: ( )

Address: Supervisor: Starting Salary: \$ Ending Salary: \$

Responsibilities:

From: To: Reason for Leaving: YES NO May we contact your previous supervisor for a reference?

Business Name: Phone: ( )

Address: Supervisor: Starting Salary: \$ Ending Salary: \$

Responsibilities:

From: To: Reason for Leaving: YES NO May we contact your previous supervisor for a reference?

Other Accomplishments

Food Handler Certification

Do you currently hold a valid Food Handler Certification? YES NO

States and local jurisdictions require that all food service employees in a licensed DBPR or DHHS establishment to be trained on correct food handling and hygiene practices as well as food allergen and alcohol safe serve. Only division-approved training programs are accepted as meeting the training requirement.

If Hired, I agree to attend all required training and provide Paris In Town with a Certificate of completion within 3 (three) days of the hire date

Signature: Date:



Disclaimer and Signature

By my signature below, I affirm that I have read and understand this application, that I have not withheld any information and that any statements I have made are true and correct. I understand that any omission or misrepresentation of fact in this application may result in refusal or separation from employment.

I authorize verification and investigation of the statements made on this application and of my employment history including a background and criminal check.

If I am accepted for employment, I understand and agree that such employment will be at will and may be terminated by either party at any time with reason or no reason with or without prior notice. I further understand and agree that this at will employment status constitutes the entire understanding between me and the company regarding the right and ability of either party to terminate employment and this at will status cannot be changed except through a written understanding signed by the President of the Company. Furthermore, By signing this application, and if employed, you are waiving any right that you may have to file a lawsuit or other civil proceeding whether or not relating to your employment with the company, and that you are waiving any right that you may have to resolve disputes through a jury trial or court trial.

Signature: \_\_\_\_\_



Date: \_\_\_\_\_