



v2.0

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: _____
SSN: - - - - - Desired Salary: \$ _____

Position Applying For: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain:

Availability

When are you available to work?

Education

High School:	Address:			
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____
College:	Address:			
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____
Other:	Address:			
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____

References

Please list two **professional** references.

Full Name: _____ Relationship: _____
Company Name: _____ Phone: () _____

Full Name: _____ Relationship: _____
Company Name: _____ Phone: () _____

Previous Employment

Business Name: _____ Phone: () _____
Address: _____ 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

Florida requires all food service employees in a licensed DBPR establishment to be trained on correct food handling and hygiene practices. Only DBPR division-approved training programs are accepted as meeting the training requirement. If Hired, I agree to take a Employee Food handler Training and provide Paris In Town with a Certificate of completion within 10 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: _____