

Oceans

Online

Name _____

S.S. _____ Today's Date _____

Phone _____ Cell _____

Address _____ Apt # _____

City _____ City Originally From _____

Job Applied For:

Day Server Night Server Cocktail Server Bartender Barback

Day COOK Night COOK Sous Chef Runner Busser Dishwasher

Day Host Night Host Expo Manager Chef OTHER

Previous Employment
Current or Last Job. Are You Employed Now? Yes No

Company _____ Location _____

Your Position _____ Contact Name and Phone _____

Length of Time Employed _____ Years _____ Months _____ Dates: from _____ to _____

Next to Last Job.

Company _____ Location _____

Your Position _____ Contact Name and Phone _____

Length of Time Employed _____ Years _____ Months _____ Dates: from _____ to _____

Other Job Related to Job Applied For.

Company _____ Location _____

Your Position _____ Contact Name and Phone _____

Length of Time Employed _____ Years _____ Months _____ Dates: from _____ to _____

Have You Been Convicted of a Felony in the Past Five Years ? Yes No

Do You Have a Food Handlers Safety Certificate ? Yes No

DO NOT WRITE BELOW THIS LINE!!!

Interviewed by _____	Talk About Training <input type="checkbox"/> Go into detail Rate of Pay <input type="checkbox"/> Please list below Parking <input type="checkbox"/> Must pay & NOT here Pay Schedule <input type="checkbox"/> Every second Thursday Dress Code <input type="checkbox"/> Black + \$20 Shirt - Apron \$10 \$ _____	Report to work on _____ M T W T F S S
Time of Day _____		You will be trained by _____ @ 5:00 PM
Today is _____ M - T - W - T - F - S - S	Are There Any Days You Can NOT Work M-T-W-T-F-S-S <input type="checkbox"/> OPEN Any Shift	Please review for hire
Are You Employed Now <input type="checkbox"/> Yes <input type="checkbox"/> NO	How Many Days a Week Do You Prefer to Work 1 2 3 4 5 6 7 <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> OPEN	110
Do You Go To School NOW <input type="checkbox"/> Yes <input type="checkbox"/> NO		