APPLICATIONFOR BACK OFHOUSE EMPLOYMENT





**DATE OF APPLICATION:**

## Position Desired: Salary Desired:

**Full-­‐time**  **Part-­‐time**  When Can You Start Working?

Do you have a preference between working lunch or dinner?

## What days and times are you available to work

Mon Tues Wed Thurs Fri Sat Sun

**PERSONAL INFORMATION**

**Name:**

First Middle Initial Last

# Address:

Street (Apt) City, State Zip

**Contact Information:** ( ) ( )



Home Telephone Mobile Email

# Are You Legally Authorized to Work in the U.S. without Limitation? YES 

*(Proof of citizenship or immigration status will be required for employment)*

# Are you willing and able not to smoke while working on restaurant premises YES NO

**Please list you 3 most recent restaurants of employment:**

**1)**

Restaurant Name City/State Position Held Dates

## Reason for Leaving?

**2)**

Restaurant Name City/State Position Held Dates

## Reason for Leaving?

**3)**

Restaurant Name City/State Position Held Dates

## Reason for Leaving?

How did you hear of WildFin American Grill?

Which of the above restaurants contributed most to your culinary foundation? Why? Which of the above restaurants would you be proudest to run? Why?

Which of the above restaurant would you be least proud to run? Why? What do you like most about working in restaurants?

What do you like least about working in restaurants?

With all the restaurants in the Seattle/Tacoma area, why do you feel WildFin American Grill is the right restaurant for ***you***?

What personal assets or skills make you uniquely qualified to work at WildFin American Grill?

What were your three all time favorite restaurant dining experiences? 1.

2.

3.

Which restaurant jobs have you left by choice, and why? Which restaurants chose to let you go, and why?

What did you learn from the above experiences?

What course do you see your restaurant career following in the next 5-­‐10 years?

**REFERENCES**

Please give the names and current phone numbers of two of your past restaurant employers who can give us an accurate perspective on you as a potential crewmember of WildFin American Grill

**1)**

(Restaurant Name) (Supervisor’s Name/Position) (Phone #)

**2)**

(Restaurant Name) (Supervisor’s Name/Position) (Phone #)

I understand that any omission or misrepresentation of material fact in this application may result in refusal of or separation from employment. The above information is true to the best of my knowledge and I authorize WildFin American Grill to check the references listed above. I understand that reference checks will be conducted by the organization or its agents. I further understand that employment is at the mutual consent of the employee and the organization; consequently, either the employee or the employer can terminate the employment relationship at will, for any reason, at any time, with or without cause or advance notice.

I understand I must submit documentation to the organization verifying my eligibility to work in the United States as required by the Federal Immigration Reform and Control Act of 1986. I further understand that submission of said documents must be made within 72 hours of being hired.

Signature: Date: