

Today's Date

/ /



1 2 3 4 5

Official Use Only box

Application for Employment

Official Use Only

(Please PRINT all information requested except for signature)

Position you're applying for:

Coal Fire is an Equal Opportunity Employer

Name: _____

Do you smoke? Yes No

Address: _____
Street

Are you legal to work in the US? Yes No

_____ Apt./Suite

Do you have reliable transportation? Yes No

_____ City State Zip

() - _____
Cell Phone#

_____ E-Mail Address

How did you find out about this opportunity? _____
(person, place or publication)

Employment Information

- How many years of experience do you have in the Hospitality Industry? _____
- How many years of experience do you have in the position you're applying for? _____
- What position/s would you consider working other than the one you're applying for?

• Are you over the age of 18? Yes No • Are you over the age of 21? Yes No

• Date you can start: _____ / _____ / _____ • Hourly rate/Salary desired: _____

• If you are presently employed may we contact your employer? Yes No

• You are applying for Full Time Part Time? M T W Th F Sat Sun

What is your availability? AM
(Place an "X" in the box you're available) PM

Character Reference

() - _____
Name Phone# Relationship Years Known

() - _____
Name Phone# Relationship Years Known

Education Information

- Are you certified in any alcohol management (i.e. TAM)? Yes No
If yes please list the class title and date certified: _____ / /
- Are you certified in Food Service Safety & Sanitation (i.e. Serv Safe)? Yes No
If yes please list the class title and date certified: _____ / /
- What is the level of education you have completed:
 High School Diploma Some College College Degree Graduate Degree
- Please list any trade, business, correspondence school, special study/research work or special training/skills attended:

- Are you presently on active duty or a member of the National Guard? Yes No

Former Employers

From: / /	To: / /	Name of Company	Location
Position/s Held	Name of Supervisor	()	-
Reason for leaving:			Phone Number

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Reason for leaving:			Phone Number

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed on this application to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws".

X

Signature