



398 Harrisburg Ave. Suite 700
Lancaster, PA 17603
717.509.1069

APPLICATION FOR EMPLOYMENT

Date of Application _____

PERSONAL INFORMATION

Last Name		First Name		Middle Initial	
Address			City	State	Zip
Phone #		Email		Social Security Number (last 4) XXX-XX-	

EMPLOYMENT INFORMATION

- Position for which you are applying: Front of House: ___ Kitchen: ___ Specific Position: _____
- Type of employment desired: Full-time ___ Part-time: ___ Seasonal: ___
- When would you be available to start? _____
- Are you legally allowed to work in the U.S.? Yes ___ No ___
- If under 18 years of age, do you have a valid work permit? Yes ___ No ___
- Have you ever been dismissed or asked to resign from any position? Yes ___ No ___
- Have you ever been convicted of a felony or a misdemeanor which resulted in incarceration? Yes ___ No ___
- If you answered "Yes" to 4 or 5, please explain: _____
- Have you ever applied or worked for Checkers Bistro previously? _____
- Do you have any family or friend connections to Checkers Bistro? _____

AVAILABILITY

Please indicate times you would generally be available to work.

	MON	TUE	WED	THU	FRI	SAT	SUN
DAY							
EVENING							

I understand that any position with this company would include evenings, weekends, and holidays. (please initial here) _____

JOB SKILLS

- Are you RAMP trained in the state of PA? Yes ___ No ___
- Are you RAMP Manager trained in the state of PA? Yes ___ No ___
- Are you ServSafe Trained? Yes ___ No ___

Please list any other skills that you feel would be beneficial to the position for which you are applying:

EDUCATION

Please list all schools attended and any other pertinent information about your education.

School	Subject Studied (if applicable)	Year Graduated

EMPLOYMENT HISTORY

Company Name	Address	Phone #

Starting Date	Starting Wage	Position	Responsibilities

Ending Date	Ending Wage	Reason for Leaving

Company Name	Address	Phone #

Starting Date	Starting Wage	Position	Responsibilities

Ending Date	Ending Wage	Reason for Leaving

Company Name	Address	Phone #

Starting Date	Starting Wage	Position	Responsibilities

Ending Date	Ending Wage	Reason for Leaving

REFERENCES

Name	Phone	Relationship	Time Known

I certify that all statements made herein and on any enclosed resume are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded. I release from liability all persons and organizations reporting information required by this application.

Signature

Date