

# THE GROVE DOWNTOWN

## APPLICATION FOR EMPLOYMENT

### INSTRUCTIONS

PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY. IF YOU NEED ASSISTANCE IN READING OR COMPLETING THIS APPLICATION, PLEASE INFORM THE INTERVIEWER. IF YOU NEED ADDITIONAL SPACE FOR ANY ANSWER, USE THE ADDITIONAL INFORMATION SECTION ON THE LAST PAGE OF THIS APPLICATION. THIS APPLICATION WILL BE KEPT ON FILE FOR ONE YEAR.

### PERSONAL DATA

LAST NAME	FIRST	MIDDLE	TODAY'S DATE	
PRESENT ADDRESS: STREET	CITY	STATE	ZIP	PERIOD OF RESIDENCE
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	PERIOD OF RESIDENCE
SOCIAL SECURITY NO.	HOME PHONE NO. ( )	BUSINESS PHONE NO. ( )		
EMAIL ADDRESS:				
DO YOU MAINTAIN A "MYSPACE" OR "FACEBOOK" OR EQUIVALENT TYPE WEBPAGE? YES NO				
ARE YOU OVER 18 YEARS OF AGE? ____ YES ____ NO	ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO HAS A LEGAL RIGHT TO WORK IN THE JOB FOR WHICH YOU ARE APPLYING? ____ YES ____ NO			
HAVE YOU EVER BEEN <b>ARRESTED</b> FOR ANY VIOLATION OF LAW WITHIN THE LAST FIVE YEARS? ____ YES ____ NO				
IF "YES" PLEASE USE THE ADDITIONAL INFORMATION SECTION TO DESCRIBE THE NATURE OF THAT CRIME, WHEN IT OCCURRED, YOUR SUBSEQUENT REHABILITATION AND RELATED FACTS.				

**GENERAL DATA**

POSITION DESIRED:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	SALARY DESIRED:	DATE YOU COULD START
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**EDUCATION AND TRAINING DATA**

NAME AND ADDRESS OF INSTITUTION	MAJOR COURSE OF STUDY	CIRCLE LAST YEAR SUCCESSFULLY COMPLETED	DIPLOMA OR DEGREE CONFERRED	SCHOLASTIC AVERAGE
HIGH SCHOOL		1 2 3 4		
COLLEGE OF UNIVERSITY		1 2 3 4		
GRADUATE SCHOOL		1 2 3 4		
OTHER		1 2 3 4		

HAVE YOU PARTICIPATED IN THE RESPONSIBLE VENDOR PROGRAM?  YES  NO  
 DO YOU HOLD ANY SPECIALIZED DEGREES, LICENSES, OR CERTIFICATES RELATED TO THE FOOD (RESTAURANT) OR BEVERAGE (BAR) INDUSTRY?  YES  NO

IF "YES" PLEASE USE ADDITIONAL INFORMATION SECTION TO DESCRIBE YOUR SPECIALIZED TRAINING.

**PREVIOUS EMPLOYMENT**

**IMPORTANT INSTRUCTIONS:** Complete all items below even if you have submitted a resume. Please list your job history for the past 10 years, starting with your current or most recent position. Include any periods in which you were not employed and explain what you were doing during that time. The furnishing of names of former employers will be construed as your permission to contact them concerning you.

NAME OF PRESENT OR LAST		TYPE OF BUSINESS	TELEPHONE NUMBER (    )
ADDRESS		CITY	STATE      ZIP
DATES OF EMPLOYMENT	STARTING SALARY	POSITION AT STARTING	NAME OF SUPERVISOR
FROM/ TO	LEAVING SALARY	POSITION AT LEAVING	REASON FOR LEAVING
DESCRIPTION OF DUTIES, RESPONSIBILITIES AND SIGNIFICANT ACCOMPLISHMENTS:			
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF PRESENT OR LAST		TYPE OF BUSINESS	TELEPHONE NUMBER (    )
ADDRESS		CITY	STATE      ZIP
DATES OF EMPLOYMENT	STARTING SALARY	POSITION AT STARTING	NAME OF SUPERVISOR
FROM/ TO	LEAVING SALARY	POSITION AT LEAVING	REASON FOR LEAVING
DESCRIPTION OF DUTIES, RESPONSIBILITIES AND SIGNIFICANT ACCOMPLISHMENTS:			

