



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE FOR PHIL'S PHILLY GRILL

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE: _____

LAST NAME:		FIRST NAME:		SOCIAL SECURITY NUMBER: ____ - ____ - ____	
PRESENT ADDRESS:			CITY:		STATE:
PERMANENT ADDRESS:			CITY:		STATE:
PHONE NUMBER: () -		MOBILE NUMBER: () -		REFERRED BY:	

EMPLOYMENT DESIRED

POSITION DESIRED				DATE YOU CAN START:		SALARY DESIRED:	
ARE YOU CURRENTLY EMPLOYED: <div style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></div>				IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER: <div style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></div>			
EVER APPLIED TO THIS COMPANY BEFORE: <div style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></div>				WHERE?		WHEN?	

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	SUBJECTS STUDIED	YEARS ATTENDED	DID YOU GRADUATE?
HIGH SCHOOL:			
COLLEGE:			
TRADE OR FURTHER EDUCATION:			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH
WORK OR SPECIAL TRAINING/SKILLS:

WORK HISTORY

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	REASON FOR LEAVING	SALARY	POSITION
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

REFERENCES GIVE BELOW THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST 1 YEAR

NAME	BUSINESS	PHONE NUMBER	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and 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 above 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."

DATE:_____

SIGNATURE:_____

DATE:_____

INTERVIEWED BY:_____

Phil's Philly Grill does not discriminate on the basis of race, religion, color, sex, age, non-disqualifying physical or mental disability, national origin, sexual orientation, or any other basis covered by local law. All matters related to employment are decided on the basis of qualifications, merit, and business need.

_____ **DO NOT WRITE BELOW THIS LINE** _____

REMARKS

INTERVIEW

NEATNESS:	PERSONALITY	TIMELINESS:	WORK HISTORY:	ABILITY:	LISTENING SKILLS:	TOTAL:
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