

Thai Orchid Restaurant Application for Employment

Pre-employment Questionnaire

Equal Opportunity Employer

Personal Information

Date:

Last Name		First Name		Social Security Number - -	
Present Address		City	State	Zip Code	
Permanent Address		City	State	Zip Code	
Phone Number () -		Referred By			

Employment Desired

Position & Preferred Location		Date You Can Start	Salary Desired
Are you employed? <input type="radio"/> Yes <input type="radio"/> No		If so, may we inquire of your present employer? <input type="radio"/> Yes <input type="radio"/> No	
Have you ever applied to this company before? <input type="radio"/> Yes <input type="radio"/> No		Where?	When?

Education History

Name & Location of School	Yrs Attended	Graduated?	Subjects Studied
Grammar School			
High School			
College			
Trade, Business or Correspondence School			

General Information

Subjects of Special Study/Research Work or Special Training/Skills	
U.S. Military or Naval Service	Rank

Former Employers (list below last four employers, starting with last one first)

Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

References (three persons not related to you, whom you have known at least 1 year)

Name	Phone Number	Occupation/Business	Yrs 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: _____

Interviewed By: _____ Date: _____

----- **DO NOT WRITE BELOW THIS LINE** -----

Remarks (Neatness, character, personality, ability)

Hired	Location	Position	Will Report	Salary/Wages

Approved By: _____