



Country Table Restaurant

740 East Main Street Mount Joy, PA 17552
Phone: (717) 653-4745

First

Last

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion or national origin.

PERSONAL INFORMATION

Date: _____ Social Security # _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Email Address: _____

Cell Phone Number: _____ Birthday (Optional) _____

Referred By: _____ Are you 18 years or older? Yes No

Have you ever applied to this company before? Yes No If yes, when: _____

Are you employed now? Yes No If yes, where: _____

Date you would start with our company: _____ Salary Desired: _____

Position: Check all boxes in which to be considered for possible employment.

- Kitchen Bussing/Dishwashing
- Server Short-Order Cook
- Hostess Office Work
- Janitorial Other

Number of Hours Desired Per Week: Check boxes that apply
 10-20 20-30 30-40 Flexible

Time of Hours Applying For: Check boxes that apply
 Daytime Evening Weekend Flexible

Special Skills: _____

Activities: _____

Day/Days not available to work due to activities/clubs: _____

Education	Name and Location of School	Last Year Completed	Did You Graduate?	Subjects Studied Degree(s) Received
High School		1 2 3 4	() Yes () No	
College		1 2 3 4	() Yes () No	

Former Employers (List below last three employers, starting with last one first.)

Date: _____
(Month and Year)

	Name and Address of Employer	Phone #	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

Which of these jobs did you like best? _____
 What did you like most about this job? _____
 Have you ever been convicted, pled guilty or pled no contest to a felony? If so, explain. _____

Would you be willing to submit to a drug test? _____

References: Give below the names of three persons not related to you, whom you have known at least one year.

	Name	Address	Business and Phone Number	Years Acquainted
1.				
2.				
3.				

Physical Record: Do you have any physical condition which may limit your ability to perform the job applied for? _____ This question is voluntary, and any answer will be kept confidential.

In Case of Emergency Notify: _____
 Name Address Phone Number

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: _____ Signature: _____

Additional Comments: _____
