

Application for Hire  
Victor's Italian Restaurant



Date Today \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
**Home Phone** **Cell Phone**

\_\_\_\_\_  
 First Name Last Name Middle

\_\_\_\_\_  
 E-mail address:

\_\_\_\_\_  
 (Present Address) / Street City State /Zip Code

\_\_\_\_\_  
 (Permanent Address) Street City State/Zip Code

\_\_\_\_\_  
 Position Applying Date You Can Start Wage Desired  
 Yes  No  Yes  No

\_\_\_\_\_  
 Are You Presently Employed? If So May We Inquire of Your Present Employer?  
 Yes  No

\_\_\_\_\_  
 Have You Ever Applied to Victor's Before? When?

Name &	Location of School	Graduate?	Subject Studied
High School			n/a
College			
Trade or Business School			

**Special Studies or Special Training Skills:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**U.S. Military or Naval Service :** **Rank:**

Dates Employed	Name of Employer/Establishment	Position	Reason for Leaving

How Were You Referred To Us?	
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References

Name	Relationship	Area Code & Phone #	Years Known

“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 \_\_\_\_\_  
 HIRED \_\_\_\_\_ Start Date \_\_\_\_\_

## Schedule Availability Form

Check for availability:

Circle for Availability:

- |                                    |     |         |       |
|------------------------------------|-----|---------|-------|
| <input type="checkbox"/> Monday    | Day | Evening | Note: |
| _____                              |     |         |       |
| <input type="checkbox"/> Tuesday   | Day | Evening | Note: |
| _____                              |     |         |       |
| <input type="checkbox"/> Wednesday | Day | Evening | Note: |
| _____                              |     |         |       |
| <input type="checkbox"/> Thursday  | Day | Evening | Note: |
| _____                              |     |         |       |
| <input type="checkbox"/> Friday    | Day | Evening | Note: |
| _____                              |     |         |       |
| <input type="checkbox"/> Saturday  | Day | Evening | Note: |
| _____                              |     |         |       |
| <input type="checkbox"/> Sunday    | Day | Evening | Note: |
| _____                              |     |         |       |

By completing this form, I am confirming that I am available to work the days specified and I can be scheduled on those days.

We reserve the right to release you from your position of employment should your availability change and you are no longer able to work the days and hours you were originally hired to work.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Addendum:**

Are you related in any way whatsoever to anyone that is employed or has been employed at Victor's?

Yes / No (circle one)

If yes please explain \_\_\_\_\_

\_\_\_\_\_