

## **Application for Employment**

914 Edwardsville Road ● Troy, IL 62294 ● 618-505-0815

Please fill out the following completely and honestly.

Fire-N-Smoke Wood-Fired Kitchen is an equal opportunity employer. No one will be denied consideration based on gender, sexual orientation, origin, race, color, religion, age, or disability.

## **Personal Information**

Last Name		First		Middle	Date	
Current Street Address					Phon	e Number:
City, State, Zip	Code					
Are you over th	ne age of 18 year	rs old? □ Yes	□No			
Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, please explain below:						
Are you a legal	resident of the I	Jnited States?	□Yes □	No	Socia	l Security #
Are you elibible to work in the United States?   Yes   No						
Are you currently employed? ☐ Yes ☐ No If yes, can we call your present employer? ☐ Yes ☐ No						
Are there any reasons you are not able to perform the job duties (without reasonable accommodation)?						
☐ Yes ☐ No If yes, please explain:						
Do you have transportation? ☐ Yes ☐ No						
Availability Fill in the times you will be available on each day.						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

## **Education Information**

School	Name and Location of School	Course of Study	Did you graduate?	Degree or Diploma
College			□ Yes	
			□ No	
High			□ Yes	
			□ No	
Trade School			□ Yes	
			□ No	
Other			□ Yes	
			□ No	

Position	Please state which	position v	vou are interested	in and anv	qualifications f	or the position.

Which position are you applying for?	What qualifications or special skills do you have for this position?

## **Employment History** Start with the most recent employer and include both full and part-time work.

	Company Name	Telephone Number		
		( ) -		
	Current Address	Employed ( Month/Year)		
1		From: To:		
Т	Name of Supervisor	Hourly Rate		
		Start: End:		
	Your position upon leaving	Reason for leaving		
	Company Name	Telephone Number		
		( ) -		
	Current Address	Employed ( Month/Year)		
		From: To:		
Z	Name of Supervisor	Hourly Rate		
		Start: End:		
	Your position upon leaving	Reason for leaving		
	Company Name	Telephone Number		
		( ) -		
	Current Address	Employed ( Month/Year)		
3		From: To:		
	Name of Supervisor	Hourly Rate		
		Start: End:		
	Your position upon leaving	Reason for leaving		

<b>References:</b> Give name names of the non-related references you have known more than one year.				
Name	City, State, Phone	Job Title	Years Known	
1.				
2.				
3.				