



ADLIN SQUARE LTD. D/B/A FARLEY'S EMPLOYMENT APPLICATION

Name In Full (Please Print):	Date:
Position Applying For: <div style="text-align: center;"> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time </div>	Social Security Number:
Permanent Address:	Telephone Number:
Mailing Address (if different from above):	Alternate Telephone Number:

ARE YOU LEGALLY ENTITLED TO WORK IN THIS COUNTRY? YES NO DATE OF BIRTH _____ - _____ - _____

MARITAL STATUS: SINGLE MARRIED NUMBER OF DEPENDENTS: _____

POSITION DESIRED: 1 ST CHOICE: _____ 2 ND CHOICE _____ HOURS AVAILABLE FOR WORK: DAYS _____ EVENINGS _____ WEEKEND _____	ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU HAD RESTAURANT EXPERIENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, HOW MANY YEARS? _____ POSITION _____ WHEN ARE YOU AVAILABLE TO BEGIN WORK? _____
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EMPLOYMENT HISTORY (List in order of your most recent previous employment):

Company Name	Supervisors Name:		Phone Number:
Description of duties/Reason for leaving:	From Mo/Yr:	To Mo/Yr:	Starting \$: Ending \$:
Company Name	Supervisors Name:		Phone Number:
Description of duties/Reason for leaving:	From Mo/Yr:	To Mo/Yr:	Starting \$: Ending \$:
Company Name	Supervisors Name:		Phone Number:
Description of duties/Reason for leaving:	From Mo/Yr:	To Mo/Yr:	Starting \$: Ending \$:
Company Name	Supervisors Name:		Phone Number:
Description of duties/Reason for leaving:	From Mo/Yr:	To Mo/Yr:	Starting \$: Ending \$:

EDUCATION

NAME AND LOCATION OF SCHOOL	DATE FROM/TO:	MAJOR:	CERTIFICATE/DIPLOMAS
High School:			
Vocational:			
College/University:			

REFERENCES:

LIST ONE PERSONAL REFERENCE OTHER THAN PREVIOUS EMPLOYER OR RELATIVE:

NAME _____ ADDRESS _____

TELEPHONE NUMBER _____

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL CONDITION (S) WHICH REQUIRE DOCTORS' SUPERVISION OR TREATMENT: _____

IN CASE OF EMERGENCY, NOTIFY:

NAME _____ ADDRESS _____

TELEPHONE NUMBER _____ RELATIONSHIP _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS REQUESTED 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 OR SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE. I ALSO UNDERSTAND THAT PAYROLL IS ON A BI-WEEKLY (EVERY TWO WEEKS) BASIS.

SIGNATURE _____ DATE _____

INTERVIEWED BY: _____ DATE _____

DISPOSITION: EMPLOYED _____ WAITING _____

NOT EMPLOYED _____ OTHER _____

STARTING HOURLY RATE _____

INTERVIEWER'S COMMENTS _____

HAS FORM I-9, EMPLOYMENT ELIGIBILITY VERIFICATION BEEN COMPLETED? _____