

FOXY SUSHI



EMPLOYMENT APPLICATION

I. Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____

Home Phone: (____) _____

SSN: _____

DLN: _____ State: _____

Email address: _____

▪ If hired, can you provide proof that you are legally able to work in the United States?

Yes _____ No _____

▪ How were you referred to us?

Ad Referral Employment Agency Walk-In Other

II. Employment

▪ Position Desired: _____

▪ Salary Desired: _____

▪ What days and hours are you available for work? _____

▪ Are you available to work overtime if necessary? Yes _____ No _____

▪ Are you over 18 years of age? Yes _____ No _____

If under 18 years old, can you provide a work permit? Yes _____ No _____

▪ When are you available to begin work? _____

▪ Are you able to perform the essential functions of the job for which you are applying, which includes some physical labor and lifting up to 50 lbs. with proper body mechanics?

Note: We comply with the Americans with Disabilities Act and will consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions. Yes _____ No _____

III. Skills

▪ What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for? _____

IV. Military Service

Yes _____ No _____

▪ If you obtained any special skills or abilities as the result of services in the military, please describe: _____

V. Employment History

Please account for all employment within the last seven (7) years, beginning with your current or more recent employer.

▪ Positions Held

Company Name: _____

Company Address: _____

Company Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Position: _____ Salary: _____

Supervisor: _____

Is this your current employer? Yes _____ No _____

May we contact this employer? Yes _____ No _____

Specific Job Duties: _____

Reason for Leaving: _____

▪ Positions Held

Company Name: _____

Company Address: _____

Company Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Position: _____ Salary: _____

Supervisor: _____

Is this your current employer? Yes _____ No _____

May we contact this employer? Yes _____ No _____

Specific Job Duties: _____

Reason for Leaving: _____

▪ Positions Held

Company Name: _____

Company Address: _____

Company Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Position: _____ Salary: _____

Supervisor: _____

Is this your current employer? Yes _____ No _____

May we contact this employer? Yes _____ No _____

Specific Job Duties: _____

Reason for Leaving: _____

Applicant's Statement

These answers are true and complete to the best of my knowledge. I understand that any omissions or false information in this application or termination of my employment if I am hired, regardless of when discovered. Please initial each item as read. ____

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by Foxy Sushi to make a thorough investigation of my past employment, education, and job-related activities, and I released from all liability all persons, companies, and corporations providing such information, either in writing or orally. I also identify Foxy Sushi against any liability that might result from making such investigation. Additionally, I authorize Foxy Sushi to apply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that Foxy Sushi deems appropriate. ____

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between Foxy Sushi and myself for either employment or for the providing of any benefit arising from employment. No promises regarding employment have been made to me. I understand that if an employment relationship is established, I have the right to terminate my employment at any time and Foxy Sushi retains the same right, regardless of any oral representations to the contrary. ____

My signature, below, certifies that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

SIGN HERE: _____

Applicant's Signature (Use Ink)

Date

NOTE: UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

THIS APPLICATION VALID FOR SIX MONTHS FROM DATE OF APPLICATION