

Employment Application – Lager’s Inn

Date _____

Employee who took Application _____

What Position are you applying for? Please Circle.

Waitress/Waiter

Cook

NAME: _____

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY # ____-____-____

ADDRESS: _____/_____

Street

City

PHONE: _____

Home#

Cell#

BEST TIME TO CONTACT YOU: _____

Are you available to work nights and weekends until 2am? _____

ARE YOU CURRENTLY EMPLOYED? YES or NO (Please circle one)

If Yes, Present Employer _____ Contact Name & Phone # _____

Previous Employment:

Employer

Contact Person & Phone Number

Dates of Employment

1. _____

2. _____

3. _____

DAYS & TIMES AVAILABLE TO WORK: _____