



117 N. Court St. Florence, AL 35630

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APPLICATION FOR EMPLOYMENT

Please answer accurately

PERSONAL INFORMATION

First _____ Last _____ Middle _____

Have you ever used another name? Y N If yes: _____

Social Security#: _____ Driver license#: _____

State Issued: _____ Expiration Date: _____

Street Address _____ City: _____

State: _____ Zip code: _____ Home Telephone: _____

Cell Phone : _____ Email: _____

Have you ever been involuntarily terminated from a job? Y N if yes, please explain: _____

Are you eligible to work in the United States? Y N

If you are under age 18, do you have an employment/age certificate? Y N

Have you been convicted of or pleaded no contest to a felony within the last five years? Y N If yes, please explain: _____

Please describe why you would like a position with this Company: _____

POSITION/AVAILABILITY

Position Applied For: _____ Full-time _____ Part-time _____ Seasonal _____ Holiday _____

Days and Hours Available:

Monday: from _____ to: _____

Tuesday: from _____ to: _____

Wednesday: from _____ to: _____

Thursday: from _____ to: _____

Friday : from _____ to: _____

Saturday: from _____ to: _____

Sunday: from _____ to: _____

If hired, What date are you available to start? _____ Salary desired: _____

Do you have any friends or relatives working for this company? Y N if yes, please state names and relationship: _____

EDUCATION

Name and Address Of School - Degree/Diploma - Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY

*Please list all present and past employment for the last 5 years, beginning with your most recent employer.

Are you currently employed? Y N If yes, may we contact your current employer? Y N

Current or Last Position Title: _____

Employer Name: _____ Type of Business: _____

Address: _____

Supervisor's Name: _____

Phone: _____ Email: _____

Was termination voluntary? Y N Reason for Leaving: _____

Employment Dates From: _____ To: _____ Earnings: Starting: _____ Ending: _____

Responsibilities: _____

Position Title: _____

Employer Name: _____ Type of Business: _____

Address: _____

Supervisor's Name: _____

Phone: _____ Email: _____

Was termination voluntary? Y N Reason for Leaving: _____

Employment Dates From: _____ To: _____ Earnings: Starting: _____ Ending: _____

Responsibilities: _____

PositionTitle: _____

Employer Name: _____ Type of Business: _____

Address: _____

Supervisor's Name: _____

Phone: _____ Email: _____

Was termination voluntary? Y N Reason for Leaving: _____

Employment Dates From: _____ To: _____ Earnings: Starting: _____ Ending: _____

Responsibilities: _____

PositionTitle: _____

Employer Name: _____ Type of Business: _____

Address: _____

Supervisor's Name: _____

Phone: _____ Email: _____

Was termination voluntary? Y N Reason for Leaving: _____

Employment Dates From: _____ To: _____ Earnings: Starting: _____ Ending: _____

Responsibilities: _____

PositionTitle: _____

Employer Name: _____ Type of Business: _____

Address: _____

Supervisor's Name: _____

Phone: _____ Email: _____

Was termination voluntary? Y N Reason for Leaving: _____

Employment Dates From: _____ To: _____ Earnings: Starting: _____ Ending: _____

Responsibilities: _____

MILITARY SERVICE

U.S. Military Service: _____ Rank: _____

From: _____ To: _____

Present Membership in National Guard or Reserves? Y N Date obligation Ends: _____

REFERENCES

Please list below, 4 persons that not related to you with in the last 5 years. If this does not apply to you, please provide school or personal references.

Name	Title	Phone	Years Known
1. _____			
2. _____			
3. _____			
4. _____			

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above. I understand that, if hired, I may not hold other employment or engage in other activities that create a conflict of interest with my position with the company unless I have been given permission in writing by the company. If I become employed, inconsideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the company.

Signature: _____

Print Name: _____

Date: _____