

Today's date: _____



APPLICATION FOR EMPLOYMENT

Email your completed resume to *jane@hitthespot.net*

Personal Information

Name: _____

Address: _____ Apt: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

How did you hear about Hit The Spot?

Internet/Ad: _____ Friend: _____

Job Placement: _____ School Job Board: _____

Other (please describe): _____

Have you applied with Hit The Spot before? Yes No

Salary Desired: _____ When can you start work? _____

Are you looking for (please check one): Full-time? Part-time? How many hours? _____

Position Desired: _____

We staff our restaurant from 11 am – 9pm, Tuesday - Saturday a week. Please specify days and times that you are **NOT AVAILABLE** to work because of other commitments. This is **not** a schedule request.

Mon _____ Tue _____ Wed _____ Thu _____

Fri _____ Sat _____ Sun _____

Are you involved in any activities or have any hobbies or interests you would like to share with us? (optional):

What is your dream career? In your perfect world, what does your future look like, if you would like to share with us? (optional):

Work Experience

Have you ever worked at Hit The Spot before?

If Yes, which one: _____ Position Held: _____

Dates of employment: _____ Reason for leaving: _____

Please list your 3 most recent places of employment:

1) _____
Name City Position Held Dates of Employment

Reason for Leaving: _____

2) _____
Name City Position Held Dates of Employment

Reason for Leaving: _____

3) _____
Name City Position Held Dates of Employment

Reason for Leaving: _____

Education

High School

Name of School _____ Location: _____

Graduate? Yes No

College

Name of School _____ Location: _____

Graduate? Yes No Degree: _____

Culinary or Business School

Name of School _____ Location: _____

References

Please give us the name and current telephone numbers of two (2) of your past employers who can give us an accurate perspective of you as a potential employee in our company. Please do not include family members or friends.

Business Name Supervisor's Name and Position Telephone Number

Business Name Supervisor's Name and Position Telephone Number

I understand that any omission or misrepresentation of material fact in this application may result in refusal of or separation from employment. I hereby authorize the organization to make any investigation of my background deemed necessary. Reference checks will be conducted by our organization or its agents. I further understand that employment is at the mutual consent of the employee and the organization; consequently, either the employee or the employer can terminate the employment relationship at will, for any reason, at any time, with or without cause or advance notice.

I understand I must submit documentation to your organization verifying my eligibility to work in the United States as required by the Federal Immigration Reform and Control Act of 1986. I further understand that submission of said documents must be made within 72 hours of being hired.

Signature of Applicant: _____

Thank You for taking the time to fill out our application!