

# The Blind Onion

## Pizza and Pub

### APPLICATION FOR EMPLOYMENT

**Blind Onion** is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

#### PERSONAL INFORMATION

**DATE:** \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

Phone #: (      ) \_\_\_\_\_ Message Phone #: (      ) \_\_\_\_\_

Referred By: \_\_\_\_\_ Are you 18 years of age or older?  Yes  No  
 Are you over 21 years of age?  Yes  No

#### EMPLOYMENT DESIRED

Location you can work: \_\_\_\_\_ Position desired: \_\_\_\_\_

Will you work:  Part-time  Full-time  Days  Nights  Weekends

Date you can start: \_\_\_\_\_ Salary Desired: \$ \_\_\_\_\_ /hour

Have you applied to **Blind Onion** before?  Yes  No Where? \_\_\_\_\_ When? \_\_\_\_\_

#### EDUCATION

	Name & Location of School	Circle Last Year Completed	Did You Graduate?
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade, Business School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Continued on Other Side)

**GENERAL**

CURRENT FOOD HANDLERS CARD  Yes  No      LIQUOR SERVICE PERMIT  Yes  No

Job Related Skills (cashiering, customer service, food prep, cooking,..): \_\_\_\_\_

**FORMER EMPLOYERS:** List below your last three employers, starting with the last one first. Be sure to include the street, city, state and telephone number.

Date Month/Year	Name, Address and Phone # of Employer	Salary (Upon Leaving)	Reason(s) for Leaving
From			
To			
From			
To			
From			
To			

**REFERENCES:** List below three persons over age 18 (not related to you) whom you have known at least one year.

Name	Address	Phone #	Relationship

\*During the past 7 years, have you ever been convicted of a crime, excluding misdemeanors and traffic violations?  Yes  No  
If yes, describe in full: \_\_\_\_\_

\*A conviction will not necessarily bar you from employment

The Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia, and campylobacter may prevent you from serving food or handling food equipment in a sanitary or healthy manner. An essential function of this job involves handling and serving food, food service equipment and utensils in a sanitary and healthy manner. Is there any reason why you cannot perform the essential functions of this job.

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, Explain \_\_\_\_\_

1. I certify that the information contained in this application is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal in accordance with **Blind Onion** policy.
2. I authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
3. I acknowledge that **Blind Onion** reserves the right to amend or modify the policies in its handbook and other **Blind Onion** policies at any time, without prior notice. These policies do not create any promises or contractual obligations between **Blind Onion** and its employees. My employment at **Blind Onion** is at will. This means I am free to terminate my employment at any time for any reason, with or without cause, and **Blind Onion** retains the same rights.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_