



Employment Application

**DO NOT FILL OUT IF YOU CAN'T PASS A DRUG TEST,
INCLUDING MEDICAL & RECREATIONAL MARIJUANA**

Name _____

Mailing Address _____

Birth Date _____ Cell Phone# _____

(Minimum Age: 16 years old)

Do you have reliable transportation? **(YES NO)** Do you smoke? **(YES NO)**

Have you ever been convicted of a misdemeanor or felony? **(YES NO)**

Explain: _____

Driver's License # _____ Social Security # _____

Days & Hours Available _____

Do you currently work anywhere else? _____

How many hours can you work per week? _____

Do you have common sense? **(YES NO UNSURE)**

If you have one bucket that holds 15 gallons of water and another bucket that holds 5 gallons of water. How many buckets do you have? _____

Are you comfortable running a cash register? **YES NO**

Are you willing to work in the kitchen? **YES NO**

Can you talk with customers? **YES NO**

Are you able to lift 20 lbs? **YES NO** Can you stand for 4-5 hours? **YES NO**

Are you able to kneel to seatbelt customers? **YES NO**

On a scale of 0- 10 How outgoing are you? **(LEAST)** 0 1 2 3 4 5 6 7 8 9 10 **(MOST)**

Qualifications/Experience? _____

High School _____ Graduation Year _____

College _____ Degree _____

Years attended _____ Graduation Year _____

Previous Employment-

Employer _____ **Manager's Name** _____

Address _____ Phone # _____

Position _____

Job Duties _____

Start date _____ How long did you work there? _____

Why did you leave? _____

Employer _____ **Manager's Name** _____

Address _____ Phone # _____

Position _____

Job Duties _____

Start date _____ How long did you work there? _____

Why did you leave? _____

Signature _____ **Date** _____