

**PACIFIC RESTAURANT DEVELOPMENT, LLC.  
EMPLOYMENT APPLICATION**

(PLEASE PRINT CLEARLY)

Application for position as \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If you are applying for a position that requires you to serve alcohol, state your date of birth \_\_\_\_\_

Are you available for full time work?      Yes      No      (Circle one)

If not, what hours can you work? \_\_\_\_\_

Will you work?	Mornings	Yes	No	Evenings	Yes	No	(Circle one)
	Sundays	Yes	No	All Night	Yes	No	

High School Attended \_\_\_\_\_ Did you graduate? Yes No

College Attended \_\_\_\_\_ Number of years completed \_\_\_\_\_

Major/Minor \_\_\_\_\_ Did you graduate? Yes No

**EMPLOYMENT EXPERIENCE (Start with most recent)**

1. Name of company \_\_\_\_\_ Phone # \_\_\_\_\_

Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

Job duties or title \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

2. Name of company \_\_\_\_\_ Phone # \_\_\_\_\_

Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

Job duties or title \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

3. Name of company \_\_\_\_\_ Phone # \_\_\_\_\_

Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

Job duties or title \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Have you ever worked for Pacific Restaurant Development, LLC?      Yes      No      (Circle one)

If so, when/ where \_\_\_\_\_

Please list any abilities or knowledge which you have that are related to the job for which you are applying.  
(Please do not list items that are related to race, sex, religion, color, national origin, age, marital status, disability or non-job related medical conditions):

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In addition to the work experience described in this application, what other experience, skills or abilities do you have that should be considered in evaluating your qualifications for this job?

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REFERRAL SOURCE:            Advertisement            Employee            Relative            Government Agency  
                                         Walk-in                            Other ! \_\_\_\_\_

REFERENCES:

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Years known \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Years known \_\_\_\_\_

GENERAL INFORMATION:

In case of emergency, please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

Will you abide by the safety rules of this company?            Yes            No            (Circle one)

Have you ever been convicted of any misdemeanors or felonies?            Yes            No            (Circle one)

(Conviction will not necessarily disqualify an applicant for employment)

If yes: Date \_\_\_\_\_

Nature of conviction \_\_\_\_\_

Where \_\_\_\_\_

Disposition of the offense \_\_\_\_\_

Signature of Applicant \_\_\_\_\_