



Application for Employment



Today's Date _____

Personal Information

Last Name		First Name		
Address	No.	Street	Tel.	
	City	State	Zip Code	E-mail
Permanent Address (if different from above)	No.	Street	Tel.	
	City	Province/State	Zip Code	E-mail
Are you legally eligible to accept employment in USA? Yes <input type="checkbox"/> No <input type="checkbox"/>		How did you hear about us? Do you know anyone who works here or has worked here? Have you ever applied here before? If so, when?		
Date you can start work?		Salary Desired: <input type="checkbox"/> Summer <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		
Position(s) Sought (check one) <input type="checkbox"/> Server <input type="checkbox"/> Delivery Driver <input type="checkbox"/> Host / SA (Bus) <input type="checkbox"/> Hanover Taqueria <input type="checkbox"/> Kitchen <input type="checkbox"/> Hanover Ben & Jerry's <input type="checkbox"/> Other _____		Are you employed?: <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where?		May we inquire with your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Education History

High School, College or other institutions. Begin with most recent.	Faculty, Department, Division, or School	Discipline or Program (Major)	Degree/Diploma/Certificate	Date obtained or expected

General Information

U.S. Military or Naval Service (include dates and rank)

Highlight skills relevant to the position(s) sought (specific experience, talent, etc...)

Work Experience

Describe your recent work experience (paid and unpaid) starting with most recent.

Position: City: State: Duties: Salary:	Name of Organization: Dates: Reason for Leaving:	<input type="checkbox"/> Summer <input type="checkbox"/> Part-time (# of hours/wk) <input type="checkbox"/> Full-time <input type="checkbox"/> Other: (specify)
Position: City: State: Duties: Salary:	Name of Organization: Dates: Reason for Leaving:	<input type="checkbox"/> Summer <input type="checkbox"/> Part-time (# of hours/wk) <input type="checkbox"/> Full-time <input type="checkbox"/> Other: (specify)
Position: City: State: Duties: Salary:	Name of Organization: Dates: Reason for Leaving:	<input type="checkbox"/> Summer <input type="checkbox"/> Part-time (# of hours/wk) <input type="checkbox"/> Full-time <input type="checkbox"/> Other: (specify)
May we contact your previous employers and references? <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____ Signature		

References

Name	Address	Business	Phone	Years known

Summary

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.
 I authorize investigation of all statements contained herein and the references and employers listed above.

Date

Signature