

# Ted's Fish Fry Employment Application

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability.

DATE:

NAME OF APPLICANT:	DATE OF BIRTH:	
HOME ADDRESS:		
CITY:	STATE:	ZIP:
PRIMARY TELEPHONE NO.:		
SECONDARY TELEPHONE NO.:		

POSITION APPLYING FOR:
LOCATION: <input type="checkbox"/> WATERVLIET <input type="checkbox"/> NORTH TROY <input type="checkbox"/> SYCAWAY <input type="checkbox"/> LATHAM <input type="checkbox"/> WOLF RD.
WOULD YOU BE ABLE TO WORK IN MORE THAN ONE LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOW SOON COULD YOU START WORKING?
RESUME ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO

Are you looking for full-time employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what days & hours are you available?

## EDUCATION

ARE YOU CURRENTLY ENROLLED IN SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SCHOOL MOST RECENTLY ATTENDED:	
LOCATION OF SCHOOL:	PHONE NUMBER:
GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, LAST GRADE COMPLETED:	
CONCENTRATION OF STUDY:	

**WORK EXPERIENCE**

**CURRENT EMPLOYER:** \_\_\_\_\_ **TELEPHONE:** (\_\_\_\_) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

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

**PREVIOUS EMPLOYER** \_\_\_\_\_ **TELEPHONE:** (\_\_\_\_) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**START DATE:** \_\_\_\_\_ **END DATE:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**PREVIOUS EMPLOYER** \_\_\_\_\_ **TELEPHONE:** (\_\_\_\_) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**START DATE:** \_\_\_\_\_ **END DATE:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**GENERAL**

**Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?  
(You may be required to provide documentation.)**  Yes  No

**Are you a friend and/or relative of any current employee of this business?**  Yes  No

**If yes, please list the employees name & position:** \_\_\_\_\_

**Have you ever been convicted of a felony or misdemeanor other than a traffic violation?  
(This will not necessarily affect your application.)**  Yes  No

**If yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_

**Have you ever been discharged or asked to resign by any of your previous employers?**

Yes  No

**If yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

**NAME:** \_\_\_\_\_

**TELEPHONE NO.:** (\_\_\_\_) \_\_\_\_\_

**RELATIONSHIP TO APPLICANT:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**TELEPHONE NO.:** (\_\_\_\_) \_\_\_\_\_

**RELATIONSHIP TO APPLICANT:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**TELEPHONE NO.:** (\_\_\_\_) \_\_\_\_\_

**RELATIONSHIP TO APPLICANT:** \_\_\_\_\_

## EMERGENCY CONTACT

In the event of an emergency, who should we contact?

NAME: _____	TELEPHONE NO.: _____
RELATIONSHIP TO APPLICANT: _____	

NAME: _____	TELEPHONE NO.: _____
RELATIONSHIP TO APPLICANT: _____	

**FOR HUMAN RESOURCES/PERSONNEL USE ONLY**

INTERVIEWED? <input type="checkbox"/> Yes <input type="checkbox"/> No		HIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
START DATE:		STORE:	
POSITION:		PAY RATE:	
<input type="checkbox"/> STUDENT	<input type="checkbox"/> PART TIME	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> HOURLY
EMPLOYMENT VERIFICATION		DATE:	
INTERVIEWED BY:		DATE:	

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_