

# Ollantay's Havana Nights Cuban Restaurant Employment Application

Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Cell phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Email: \_\_\_\_\_ What languages can you speak: \_\_\_\_\_

For what position are you applying? Server [ ] Host [ ] Bartender [ ] Busser [ ] Cook [ ] Dishwasher [ ] Other: \_\_\_\_\_

When can you start? \_\_\_\_\_ Will you require time off during the next 3 months? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Pay rate expected: \_\_\_\_\_ Please list what shifts/hours are you available to work:

SHIFT	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Lunch	to	to	to	To	to	to	to
Dinner	To	to	to	to	to	to	to

Why have you chosen to work in the restaurant field? \_\_\_\_\_

Why should we hire you? \_\_\_\_\_

List 3 things that you believe are important in food service from the employee's and customer's perspective:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**WORK HISTORY**

Name of last/current Employer: \_\_\_\_\_ City and State \_\_\_\_\_

Job Title: \_\_\_\_\_ Date Hired: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Left: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Major Responsibilities and Accomplishments: \_\_\_\_\_

Name of prior Employer: \_\_\_\_\_ City and State \_\_\_\_\_

Job Title: \_\_\_\_\_ Date Hired: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Left: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Major Responsibilities and Accomplishments: \_\_\_\_\_

I certify that the information above is complete and accurate to the best of my knowledge. Drug tests and background checks may be required and performed. I authorize the individuals, companies, and agencies concerned to provide this company and its agents with all information necessary to verify the statements I have made in this application, and I release them from any liability for so doing. I understand that incomplete or unsigned applications will not be considered and that false, incomplete, or misleading statements are grounds for my immediate discharge.

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_