

COZY THAI BISTRO **GALANGA by COZY THAI**

By Monthol Food Service Company

This form is only provided as a service and guide. It may not be compliant with local laws and is not warranted as such. This form may need to be modified to fit local laws and regulations.

For Official Use Only	
Employee No.	_____
W4	_____
Doc. #	_____

Today's Date _____

EMPLOYMENT APPLICATION

Personal Information: *(Please print clearly)*

Position applying for Sous Chef Cook Preparation Cook Dishwasher

Host/Hostess Waiter/Waitress Busser

Name _____ Soc. Sec. #/ Tax ID No. _____
(Last) (First) (M)

Address _____
(Street) (City) (State) (Zip Code)

Telephone _____(_____)_____ Email: _____

Are you 16 years of age or older? Yes No *(Proof of age or work permit may be required.)*

In Case of Emergency Notify:

Name _____ Telephone _____(_____)_____
(Last) (First) (M)

Address _____
(Street) (City) (State) (Zip Code)_

How were you referred to us? Newspaper Employment Agency _____

Walk In Company Employee _____ Others _____

Availability:

Are you legally able to be employed in this country? Yes No

(Proof of eligibility will be required at time of employment.)

What type of position are you seeking? Part time Full time Seasonal Temporary

Are you able to meet the attendance requirements of the position? Yes No

Hours Available	Mon	Tue	Wed	Thurs	Fri	Sat
From						
To						

Total hours available per week _____

Date available to start work _____

School Most Recently Attended:

School Name _____ Address _____

City _____ State _____ Telephone (_____) _____

Teacher or Counselor _____ Last Grade Completed _____ GPA _____

Graduated? Yes No Now Enrolled? Yes No Sports or Activities? _____

Monthol Food Service Company maintains a policy of non-discrimination for all employees and applicants in every facet of the company's operation. In compliance with federal and state laws, Monthol Food Service Company hires, trains, and promotes all qualified employees without unlawful discrimination on the basis of race, color, sex, age, religious creed, marital status, citizenship, national origin, physical or mental handicap. This policy also applies to disabled veterans and veterans of the Vietnam Era.

Please complete reverse side

Most Recently Employment:

Company Name _____ Address _____
City _____ State _____ Telephone (____) _____
Position _____ Supervisor _____ Dates worked: From _____ To _____
Starting Pay _____ Ending Pay _____ Duties _____
Reason for leaving _____

Company Name _____ Address _____
City _____ State _____ Telephone (____) _____
Position _____ Supervisor _____ Dates worked: From _____ To _____
Starting Pay _____ Ending Pay _____ Duties _____
Reason for leaving _____

Company Name _____ Address _____
City _____ State _____ Telephone (____) _____
Position _____ Supervisor _____ Dates worked: From _____ To _____
Starting Pay _____ Ending Pay _____ Duties _____
Reason for leaving _____

May we contact your current employer for a reference? Yes No

If NO, please explain? _____

References: List two individuals who have knowledge of your work ethic, experience, and ability. (Please do not include individuals listed in Most Recently Employment section or family member.)

Name: _____ Telephone(____) _____ Year known _____
Address _____

Name: _____ Telephone(____) _____ Year known _____
Address _____

The Secretary of Health & Human Service has determined that certain diseases, including Hepatitis A, typhoid fever (*Salmonella typhi*), shigellosis (*Shigella spp.*), and E coli (*Escherichia coli 0157:H7*) may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling & serving food, food service equipment, and utensils in a sanitary and healthy fashion. Are you able to perform the essential functions of this job with or without a reasonable accommodation?
 Yes No If NO, please explain: _____

I CERTIFY THAT I HAVE READ AND FULLY COMPLETE BOTH SIDES OF THIS APPLICATION AND THAT THE INFORMATION CONTAINED HEREIN IS CORRECT THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSION OR FALSE INFORMATION IS GROUNDS FOR DISMISSAL. I AUTHORIZED THE REFERENCES LISTED ON THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE PERSONAL AND OTHERWISE. I UNDERSTAND THAT AS A PART OF THE PROCEDURE FOR MY EMPLOYMENT APPLICATION AN INVESTIGATIVE CONSUMER REPORT MAY BE MADE CONCERNING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING.

SIGNATURE _____ DATE _____

For Official Use Only

Comments: _____

