

Please fill out the form and submit by fax (608)831-5525 or in person at 1288 Summit Ave Ste. 118 Oconomowoc Wi 53066

Asian Cuisine

Full Name:									_	Date:		
	Last			First			Mi.					
Address:												
					City			9	State		Zip Code	
Home Number () Cell Phone()												
Date Of Birth: M_ F_ Driver's License#												
Social Security# Desired Salary: \$												
Position Applied For:												
Type of pos	Pa	art-time Full-t			ll-tin	ne						
Are you au	Are you authorized to work in th					e USA ?			Yes	5	No	
Date available to start work:												
Hours	MON		TUE	WE	ΞD	THUR		FRI		SAT	SUN	
Available												
From:												
To:	_											
Employment History												
Employment History												
Please list	mos	t rece	ent empl	oym	ent fi	irst	t.					
Dates Employed		Nan	าе &		Salar	У	Position		Reason for		leaving	
(MO./YR.)			Location		<u> </u>							
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		l										

Are you Currently Employed?		Yes	No				
If so, may we (VIP) inquire your current emp	loyer?	Yes	No				
Name & Location of current employer:							
Phone: () Your position: _		Supervisor:					
Education	on						
High School Name&Location:							
Years attended:	Did you	graduate?	Yes	No			
College							
Name&Location:							
Years attended:	Did you	graduate?	Yes	No			
Trade/Graduate/Correspondence School							
Name&Location:							
Years attended:	Did you	graduate?	Yes	No			
Emergency (Contac	t					
Full name:)				
Last First		,	,				
Relationship:							
Information to the applicant: As par	rt of our	procedure	for proces	ssing your			
employment application, your employment	reference	es may be o	checked. If	you have			
misrepresented or omitted any facts on this	application	on, and are	subseque	ntly hired,			
you may be discharged from your job.	You may	make a	written re	quest for			
information derived from the checking of yo	ur referer	nce.					
If necessary for employment, you may be red	quired to	supply your	birth certi	ificate or			
other proof of authorization to work in the U	JS, have a	physical ex	amination	and/or a			
drug test, or to sign a conflict of interest agre	eement ai	nd abide by	its terms.				
I understand and agree to the inform	ation sh	own abov	e.				
Signature:	Date:						
Print:							