



SNAPPERS WATERFRONT CAFE
 112 COMMERCE STREET (410) 228-0112
 CAMBRIDGE, MARYLAND 21613 WWW.SNAPPERSWATERFRONTCAFE.COM

**APPLICATION FOR EMPLOYMENT
 EQUAL OPPORTUNITY EMPLOYER**

PERSONAL INFORMATION			
NAME (LAST, FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED		
POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? ? YES ? NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ? YES ? NO	
EVER APPLIED TO SNAPPERS BEFORE? ? YES ? NO	WHERE?	WHEN?

EDUCATION HISTORY				
NAME AND LOCATION OF SCHOOL		YEARS ATTENDED	DID YOU GRADUATE	SUBJECT STUDIED
GRAMMAR SCHOOL			? YES ? NO	
HIGH SCHOOL			? YES ? NO	
COLLEGE			? YES ? NO	
OTHER			? YES ? NO	

GENERAL INFORMATION	
SUBJECT OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT)				
DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

"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 TO GIVE YOU AND ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICAN WITH DISABILITIES ACT (ADA) OR OTHER RELEVANT FEDERAL AND STATE LAWS"

DATE _____ SIGNATURE _____

DATE _____ INTERVIEWED BY _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	DEPART.	POSITION	WILL REPORT	SALARY WAGES

APPROVED

	SIGNATURE	DATE
EMPLOYMENT MANAGER		
GENERAL MANGER		