



GASTRONOMY

48 Market Street, Suite 250 • SLC, Utah 84101

New Yorker
Market Street Broiler

Market Street Grill/Oyster Bar
• Downtown
• Cottonwood
• South Jordan/RiverPark



APPLICATION FOR EMPLOYMENT

DATE: _____

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, sexual orientation, or any other factor prohibited by law or regulation.
AN EQUAL OPPORTUNITY EMPLOYER.

PERSONAL INFORMATION

NAME (Last, First, Middle) _____

TELEPHONE NUMBER _____

ADDRESS (Street, City, State, Zip Code) _____

Person to notify in case of emergency (Name, Address, Phone #): _____

Are you at least 18 years old? Yes No Referred by: _____

List any other names you have worked under: _____

List any friends or relatives working at Gastronomy, Inc. _____

If applying for a position requiring the service of alcohol, are you at least 21 years of age? Yes No

Are you certified to serve alcohol in the State of Utah? Yes No

Do you have a current food handler permit for the State of Utah? Yes No

EMPLOYMENT DESIRED

Position desired: _____ Date you can start: _____

How long do you plan to work here? _____

Please explain: _____

Are you available to work: Days Nights Weekends Holidays

Are you seeking: Full-time employment Part-time

Can you present documents verifying that you have the legal right to be employed in the United States? Yes No

Which documents will you use: _____

Have you ever applied or worked for this company? Yes No

When? _____ Where? _____

EDUCATION

Do you have a high school diploma or equivalent? Yes No Currently enrolled

Are you a college graduate? Yes No Currently enrolled

Name and location: _____

Major: _____

List the name and location of any Trade, Business, or Correspondence schools you have attended: _____

EMPLOYMENT HISTORY

Start with present or last job and work back

1	EMPLOYER		ADDRESS (City, State)		TELEPHONE (Area Code)	JOB TITLE
	DATE STARTED	DATE ENDED	SALARY START	SALARY END	SUPERVISOR	
	WORK PERFORMED			REASON FOR LEAVING		
2	EMPLOYER		ADDRESS (City, State)		TELEPHONE (Area Code)	JOB TITLE
	DATE STARTED	DATE ENDED	SALARY START	SALARY END	SUPERVISOR	
	WORK PERFORMED			REASON FOR LEAVING		
3	EMPLOYER		ADDRESS (City, State)		TELEPHONE (Area Code)	JOB TITLE
	DATE STARTED	DATE ENDED	SALARY START	SALARY END	SUPERVISOR	
	WORK PERFORMED			REASON FOR LEAVING		
4	EMPLOYER		ADDRESS (City, State)		TELEPHONE (Area Code)	JOB TITLE
	DATE STARTED	DATE ENDED	SALARY START	SALARY END	SUPERVISOR	
	WORK PERFORMED			REASON FOR LEAVING		

Indicate by number any of the above employers whom you do not wish us to contact. _____

Have you ever been fired from a job? Yes No Almost

Reason? _____

List two personal references (Name, Address, Phone #)

Which best describes your personality?
 Very outgoing Usually outgoing Sometimes outgoing Shy

Which best describes your sales ability?
 Excellent Good Average No experience

EXCLUDING organizations in which names or character indicates race, religion, age, sex, disability, sexual orientation, or national origin, list areas of special interest. (i.e. civic, athletic, fun, etc.): _____

AGREEMENT

APPLICANT AGREEMENT (Read carefully before signing.) All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or, if employed, may result in subsequent dismissal. I hereby authorize any former employer, person, school, firm or corporation listed hereon, including this company, to answer any and all questions related to employment and agree to release from liability and hold all persons harmless for giving any and all truthful information within their knowledge or records. I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated at will at any time by either myself or the company. I understand that no one other than the company president has authority to enter into any employment agreement to the contrary. I agree to take a job related physical examination or a drug/alcohol test when requested as a condition of employment. I agree to comply with all rules of the company as a condition of employment. In the event the company advances me money or other things of value, I agree to repay the company and also that any amount still owing may be deducted from my final paycheck.

APPLICANT'S SIGNATURE _____

DATE _____