Application for Employment
Sharp Edge Restaurants

Date: _____ Restaurant: _____

PERSONAL INFORMATION

Name: _____ _____ ____

Address: _____

_____ _____ _____

Social Security Number: _____

Contact Number(s): _____ _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid drivers license, birth certificate, green card, etc) within 3 days of being hired. Failure to submit such proof within the required time will result in immediate employment termination.

Position Applied for: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify.

2. Do you have any relatives who are presently (or have been formerly) employed by the Sharp Edge?

3. How were you referred to the Sharp Edge?

4. Have you ever been convicted of a felony? ☐ Yes ☐ No

   If yes please explain:

Education History

	School/Location	Years Completed	Degree/Diploma
Primary			
Secondary			
College			
Tech Sch			
Other			

Employment History

Please include 5 years of employment history

1. Employer: _____ Position: _____

   Address: _____

   Dates Employed: From _____ to _____ Wage _____

   Supervisor: _____ Phone: _____

   Reason for leaving: _____

2. Employer: _____ Position: _____

   Address: _____

   Dates Employed: From _____ to _____ Wage _____

   Supervisor: _____ Phone: _____

   Reason for leaving: _____

3. Employer: _____ Position: _____

   Address: _____

   Dates Employed: From _____ to _____ Wage _____

   Supervisor: _____ Phone: _____

   Reason for leaving: _____

4. Employer: _____ Position: _____

   Address: _____

   Dates Employed: From _____ to _____ Wage _____

   Supervisor: _____ Phone: _____

   Reason for leaving: _____

Note: Use a separate sheet to list more employers if necessary. We can/will contact all of the employers listed on this application unless you specifically list them below. Please list any employers you do not want us to contact and your reason for the exclusion.

1. Employer:

   Reason:

2. Employer:

   Reason:

References

Please do not use relatives or former employers

1. Name: Years Known:

   Address:

   City: State: Zip Code:

   Telephone: Occupation:

2. Name: Years Known:

   Address:

   City: State: Zip Code:

   Telephone: Occupation:

3. Name: Years Known:

   Address:

   City: State: Zip Code:

   Telephone: Occupation:

4. Name: Years Known:

   Address:

   City: State: Zip Code:

   Telephone: Occupation:

Work Availability

1. If your application receives favorable consideration when will you be available to start work? _____

2. Do you have any objection to working over time? ☐ Yes ☐ No

3. Can you work over time without prior notice? ☐ Yes ☐ No

4. Can you work on Saturdays? ☐ Yes ☐ No

5. Can you work Sundays? ☐ Yes ☐ No

6. Can you travel if required by this position? ☐ Yes ☐ No

Salary/Hourly Wage Requirements

If your application receives favorable consideration what are your salary/hourly rate would you require? _____

Signature _____ Date _____

SUBMIT