



Our mission at DZ Restaurants is to always provide our guests with a superior level of service, cuisine and hospitality to create the most memorable dining experience.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

NAME: _____ SOCIAL SECURITY NO. _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: _____ CELL PHONE: _____
 E-MAIL ADDRESS: _____ WHERE IS IT BEST TO REACH YOU?: _____
 REFERRED BY: _____

EMPLOYMENT DESIRED:

RESTAURANT: _____ FULL-TIME PART-TIME EITHER
 POSITION: _____ DATE YOU CAN START: _____

WORK AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

WHY DO YOU FEEL YOU WOULD BE A GOOD CHOICE FOR THIS POSITION?:

PRIOR RESTAURANT EXPERIENCE (LIST LAST THREE, STARTING WITH THE MOST RECENT):

IMPORTANT: This section must be completed in detail. We encourage you to attach a resume that highlights your previous employment but reference to a resume is not a substitute for completing this section.

#1

BUSINESS NAME: _____ PHONE: _____ EMPLOYED FROM: ___/___ TO: ___/___

ADDRESS: _____ CITY, STATE, ZIP: _____

NAME OF LAST SUPERVISOR: _____ MAY WE CONTACT?: YES NO

LAST JOB TITLE: _____ SALARY: Start _____ Final _____

Please list job you held, duties performed, skills used and learned, advancements and promotions with this business.

#2

BUSINESS NAME: _____ PHONE: _____ EMPLOYED FROM: ___/___ TO: ___/___

ADDRESS: _____ CITY, STATE, ZIP: _____

NAME OF LAST SUPERVISOR: _____ MAY WE CONTACT?: YES NO

LAST JOB TITLE: _____ SALARY: Start _____ Final _____

Please list job you held, duties performed, skills used and learned, advancements and promotions with this business.

#3

BUSINESS NAME: _____ PHONE: _____ EMPLOYED FROM: ___/___ TO: ___/___

ADDRESS: _____ CITY, STATE, ZIP: _____

NAME OF LAST SUPERVISOR: _____ MAY WE CONTACT?: YES NO

LAST JOB TITLE: _____ SALARY: Start _____ Final _____

Please list job you held, duties performed, skills used and learned, advancements and promotions with this business.

EDUCATION:

HIGH SCHOOL: _____

LAST YEAR COMPLETED: 9 10 11 12

CITY, STATE, ZIP: _____

PROGRAM/MAJOR: _____

UNDERGRADUATE: _____

LAST YEAR COMPLETED: 1 2 3 4

CITY, STATE, ZIP: _____

PROGRAM/MAJOR: _____

GRADUATE: _____

DID YOU EARN A DEGREE?: _____

CITY, STATE, ZIP: _____

PROGRAM/MAJOR: _____

BUSINESS/TRADE SCHOOL: _____

DID YOU EARN A DEGREE?: _____

CITY, STATE, ZIP: _____

PROGRAM/MAJOR: _____

Do you have any other specialized training that could be relevant to this position?

List any special skills, certifications or licenses relevant to working in a fine dining establishment (be specific).

VOLUNTEER/MILITARY EXPERIENCE (if applicable):
(Please list experience with dates of involvement and skills acquired.)

REFERENCES (2 PROFESSIONAL, 1 PERSONAL):

NAME: _____ PRIMARY PHONE: _____ SECONDARY PHONE: _____

HOW DO YOU KNOW THIS PERSON?: _____ YEARS KNOWN: _____

NAME: _____ PRIMARY PHONE: _____ SECONDARY PHONE: _____

HOW DO YOU KNOW THIS PERSON?: _____ YEARS KNOWN: _____

NAME: _____ PRIMARY PHONE: _____ SECONDARY PHONE: _____

HOW DO YOU KNOW THIS PERSON?: _____ YEARS KNOWN: _____

HAVE YOU EVER APPLIED AT ANY OF OUR RESTAURANTS BEFORE?: YES NO

IF SO, WHERE?: _____ WHEN?: _____

“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 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 Americans with Disabilities Act (ADA) and other relevant federal and state laws”

Applicant Signature: _____ Date: _____