

The Juicy Crab Augusta Employment Application

Programs, services, and employment are equally available to everyone. Please inform us if you require reasonable accommodation for the application or interview.

Date: (Month/Day/Year)

Applicant Data:

How were you referred to us:

Position Applied For:

Full Name: _____ Date of Birth: _____

Address: _____ City: _____ State _____ Zip: _____

Phone: () _____ Mobile: _____ E-mail: _____

Available to Start: _____ Social Security #: - - Salary Requirement _____

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain: _____

Are you a citizen of the United States? Yes No

If not, are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Have you ever pleaded "guilty," "no contest," or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Availability

	Mon	Tue	Wed	Thurs	Fri	Sat	Sunday
Morning (11:30 am -5 pm)							
Evenings (4:30 pm – close)							

Education

Name & Address of School	Course of Study	Years Completed	List of Degrees	Graduated Yes/No
High School				
College/University				
Technical or Vocational School				

References

<i>Name/Relationship</i>	<i>Address/Phone</i>	<i>Business</i>	<i>Years Acquainted</i>
1			
2			
3			

Previous Employment (begin with most recent position):

Dates of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Position(s) Held: _____

Firm: _____ Address: _____

Phone: (_____) Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary & Title: _____ Ending Salary & Title: _____

Reason for Leaving: _____

May we contact this employer Yes No

Dates of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Position(s) Held: _____

Firm: _____ Address: _____

Phone: (_____) Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary & Title: _____ Ending Salary & Title: _____

Reason for Leaving: _____

May we contact this employer Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my person, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) my result in discharge.

Signature of Applicant: _____

Date: _____