

**Application for Employment  
McCormick's Smokehouse Restaurant**

FOR OFFICE USE:

Date of Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position Applied For: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile/Other: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date Available: \_\_\_\_\_

Hours Available: (Mon) \_\_\_\_\_ (Tues) \_\_\_\_\_ (Wed) \_\_\_\_\_

(Thur) \_\_\_\_\_ (Fri) \_\_\_\_\_ (Sat) \_\_\_\_\_ Closed Sundays

If you are under 18, can you provide a work permit? [ ] Yes [ ] No

If no, please explain: \_\_\_\_\_

Have you ever worked for McCormick's Restaurant? [ ] Yes [ ] No When? \_\_\_\_\_

Are you legally allowed to work in the US? [ ] Yes [ ] No

Type of employment desired: [ ] Full-time [ ] Part-time [ ] Temporary [ ] Seasonal

Drivers License number: \_\_\_\_\_ State: \_\_\_\_\_

**PREVIOUS EMPLOYMENT, (list most recent first)**

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Position(s) Held: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor \_\_\_\_\_ / Title \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Salary: Starting \_\_\_\_\_ / Ending \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

\_\_\_\_\_ Can We Contact [ ] Yes [ ] No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Position(s) Held: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor \_\_\_\_\_ / Title \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Salary: Starting \_\_\_\_\_ / Ending \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

\_\_\_\_\_ Can We Contact [ ] Yes [ ] No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Position(s) Held: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor \_\_\_\_\_ / Title \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Salary: Starting \_\_\_\_\_ / Ending \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

\_\_\_\_\_ Can We Contact [ ] 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 personal, 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 that I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Application \_\_\_\_\_ Date: \_\_\_\_\_