



# HURON VALLEY GUNS

56477 Grand River Ave.

New Hudson, MI 48165

## CAFE & RESTAURANT

### EMPLOYMENT APPLICATION



An Equal Opportunity Employer: We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Nickname

Current Address \_\_\_\_\_  
Street Address City State Zip Code

How long have you lived at present location? \_\_\_\_\_ Social Security No. \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

If under 18, please list age: \_\_\_\_\_

Position applying for **Select one:** \_\_\_\_\_ and Salary desired \_\_\_\_\_ (Be specific per hour)

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

How many hours can you work weekly? \_\_\_\_\_ Can you work evenings?  Yes  No

Can you work weekends?  Yes  No When are you available for work? \_\_\_\_\_

Days/hours available to work  
 No Preference  Mon  Tue  Wed  Thur  Fri  Sat  Sun \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.



**APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**



DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

Do you have reliable transportation to work?  Yes  No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration date \_\_\_\_\_

Type of License:  Operator  Commercial (CDL)  Chauffeur

Have you had any accidents during the past three years?  Yes  No How many? \_\_\_\_\_

Have you had any moving violations during the past three years?  Yes  No How many? \_\_\_\_\_

DO YOU HAVE ANY CERTIFICATIONS?

ServeSafe Manager:  Yes  No List other certifications here: \_\_\_\_\_

ServeSafe Food Handler:  Yes  No

ServeSafe Allergens:  Yes  No

TIPS:  Yes  No

Please list **two** references:

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone _____	Telephone _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. (You may attach additional pages if needed)



APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE



Work Experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Form for work experience entry 1, including fields for Name of Employer, Address, City, State, Zip, Telephone, Employment dates, Pay or Salary, Your last job title, Name of Supervisor, Reason for leaving, and a list of jobs held.

Form for work experience entry 2, including fields for Name of Employer, Address, City, State, Zip, Telephone, Employment dates, Pay or Salary, Your last job title, Name of Supervisor, Reason for leaving, and a list of jobs held.

Form for work experience entry 3, including fields for Name of Employer, Address, City, State, Zip, Telephone, Employment dates, Pay or Salary, Your last job title, Name of Supervisor, Reason for leaving, and a list of jobs held.

May we contact your present employer? Yes No
Did you complete this application yourself? Yes No If not, who did?

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.
In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.
Applicant's Signature Date