

## **POLONEZ RESTAURANT**

**Employment Application** 

- Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be accepted. We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin marital status, or disability.
- Do you need an accommodation to participate in the application or interview process? Yes \_\_\_\_\_ No \_\_\_\_

APPLICANT INFORMATION							
Last Name	First				at		
				е			
Street Address				Apartment/Uni	t #		
City	State			ZIP			
,							
Phone	F-mail	Address					
In the table below, please indicate your availability for work.							
SUN	MON	TUES	WED	THURS	FRI	SAT	
Earliest Time In							
Latest Time Out							
Date Available	Social Security No.		De	sired Salary			
Position Applied for	Desi	ired Wage					
Ave you a siting of the United Chates?	NO $\square$	Té na ava vava aval		میار ایم الم	VEC 🗆	NO	
Are you a citizen of the United States? YES	NO 🗆	If no, are you auth U.S.?	iorized to w	ork in the	YES 🗌	NO	
If hired, can you submit proof of legal age YES   to word in this M/2	NO 🗌	Are you of legal ag	ge to serve a	alcohol in WI?	YES 🗌	NO	
to work in this W?  Have you ever been convicted of a felony? YES	NO 🗆	If yes,					
,		explain					
Have you ever been convicted of any crime, excluding convictions that have been sealed, expunged or legally eradicated? (**Conviction YES \Boxed NO will not necessarily disqualify from employment. Factors such as the age and time of the offense, seriousness and nature of the						NO 	
violation, and rehabilitation will be considered when making any employment decisions.) If you answer "yes" please explain the							
circumstances surrounding such offense, including place, name of o	court, etc.						
Have you read the job description for the position of interest?					YES 🗌	NO	
Do you understand the requirements?					YES 🗌	NO	
Can you perform the essential functions required by the job either	with or without reasor	nable accommodation	ns?		YES 🗌	NO	
					YES 🗌	NO	
EDUCATION							
Name & Lo	cation	Degre	e/Major	GPA	Gradu		
High Cohool		_			(Yes/	No)	
High School							
College/Other							
College/Other							
<del>-</del> •							



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REFERENCES	
Please list three professional references.	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
PREVIOUS EMPLOYMENT	
Company	Phone ( )
Address	Supervisor
Job Title Starting Salary	\$ Ending \$ Salary
Responsibilities	
From To Reason for Leaving	
May we contact your previous supervisor for a reference?	NO 🗆
Company	Phone ( )
Address	Supervisor
Job Title Starting Salary	\$ Ending \$ Salary
Responsibilities	
From To Reason for Leaving	
May we contact your previous supervisor for a reference?  YES	NO 🗆
Company	Phone ( )
Address	Supervisor
Job Title Starting Salary	\$ Ending \$ Salary
Responsibilities	·
From To Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐	NO 🗆



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Company	Phone ( )					
Address	Supervisor					
Job Title Starting Salary	\$ Ending \$ Salary					
Responsibilities						
From To Reason for Leaving						
May we contact your previous supervisor for a reference?	NO 🗆					
If more space is needed, kindy attach additional information.						
MILITARY SERVICE						
Branch	From To					
Rank at Discharge	Type of Discharge					
If other than honorable, explain						
Polonez Restaurant is smoke-free, drug-free work place. Smoking of tobacco products on restaurant's property including near the entries into the building in not permitted. Smoking of any controlled substance, carrying. Consuming, purchasing, selling or distributing illegal drugs is not permitted and is cause for immediate termination.						
The information that you provide on this application is subject to verification. Falsification or misrepresentation may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? Yes: No:						
With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and completed to the best of my knowledge and contains no willful falsification or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all person or companies from any liability or responsibility for providing such information.						
I hereby acknowledge and understand that notice as described above a	and that if I am hired I will be an at-will employee.					
Signature	Date					