

application for  
employment



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## personal information

FULL NAME

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PHONE NUMBER

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EMAIL

---

CURRENT ADDRESS

---

CITY

POSTAL CODE

---

DATE OF BIRTH (MM/DD/YYYY)

---

POSITION APPLIED FOR

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WHAT IS YOUR EXPECTED HOURLY RATE OF PAY?

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HOW MANY HOURS DO YOU EXPECT TO WORK PER WEEK?

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AVAILABLE START DATE?

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ALLERGIES / OTHER MEDICAL INFORMATION

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## emergency contact

RELATIONSHIP

---

PHONE NUMBER

---

## education

HIGHEST LEVEL ATTAINED

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NAME OF SCHOOL

---

PROGRAM / MAJOR

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1. what is your favorite color?
2. what is your favorite pizza?
3. what is your favorite subject in school?
4. what is your favorite college football team?

## most recent work history

Name & Address of Employer

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Your Position

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Dates Employed (D/M/Y - D/M/Y)

---

Name of your immediate supervisor

---

May we contact this person for reference?

Y N

Reason for leaving

---

## other work history

Name & Address of Employer

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Your Position

---

Dates Employed (D/M/Y - D/M/Y)

---

Name of your immediate supervisor

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5. do you like to cook?

6. can you multitask?

7. Do you function better alone or as part of a team?

8. hobbies? other interests?

9. special skills?

10. Preferred position and why?

ARE YOU OF LEGAL AGE TO SERVE ALCOHOL?

YES

NO

Please list your weekly availability.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE FOR WHICH YOU HAVE NOT BEEN PARDONED?

YES

NO

I declare that I am qualified to perform all the duties of the position that I am seeking. I also declare that the information I have provided on this application is correct and that any false statements or omissions will justify my rejection or dismissal. I authorize the company to contact any of my previous employers as well as any reference source to verify the facts and information that I have furnished regarding my qualifications and character. I authorize any person(s) having knowledge to provide such information in good faith.

ARE YOU ABLE TO WORK WEEKENDS AND HOLIDAYS?

YES

NO

WHAT COMMITMENTS DO YOU HAVE OR DO YOU ANTICIPATE THAT MAY AFFECT YOUR SCHEDULE?

HAVE YOU EVER BEEN TERMINATED FROM YOUR JOB?

YES

NO

DO YOU PRESENTLY HAVE A JOB THAT YOU INTEND TO KEEP?

YES

NO

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE