



Operated by Free Food Incorporated  
An equal opportunity employer

Master Copy

# Application for employment (pre-employment questionnaire)

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

(If you have more than one address please list both of them and indicate which address is permanent for year end W-2 and other information)

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell or alternate phone (\_\_\_\_) \_\_\_\_\_ Emergency contact: \_\_\_\_\_

Do you live here on the Cape year round? \_\_\_\_\_

If you are applying for a summer position: What date will you commit to working until? \_\_\_\_\_

Are you over 21 years of age? \_\_\_\_\_ If you are under 21 years of age, what is your **date of birth**? \_\_\_\_\_

Do you have any physical or other limitations or disabilities that would preclude you from performing any work being considered? \_\_\_\_\_

If so, what can we do to accommodate your limitation or disabilities? \_\_\_\_\_

Do you have any other employment, school activities, sporting events, practices, or other commitments that might limit your work availability? \_\_\_\_\_

Are you a tobacco smoker? \_\_\_\_\_ If you are a tobacco smoker, can you function without smoking during work hours? \_\_\_\_\_

## Employment Desired ...

Positions desired \_\_\_\_\_ Will you consider other positions? \_\_\_\_\_ Date you can begin work? \_\_\_\_\_

Hourly starting wage required? \_\_\_\_\_ Hourly wage at last employment \_\_\_\_\_

Are you employed currently? \_\_\_\_\_ May we contact your current employer for a reference? \_\_\_\_\_

Ever worked in food service before? \_\_\_\_\_ If so, for how long and in what capacity? \_\_\_\_\_ Any liquor service experience? \_\_\_\_\_

## Education and Experience ...

What High School did you attend? \_\_\_\_\_ Did you graduate? \_\_\_\_\_ What year? \_\_\_\_\_

Any education or training since then? \_\_\_\_\_

Are you currently attending school? Where and what year? \_\_\_\_\_

Any restaurant related experience other than employment? \_\_\_\_\_

### List your last four employers (most recent first)

Employer	address	position	dates employed	wage	reason for leaving
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

### Please list below, two persons not related to you, whom we may contact as personal references .

Name	business or profession	years acquainted	phone #
1	_____	_____	_____
2	_____	_____	_____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, false statements on this application shall be grounds for dismissal.  
I authorize investigation of all statements contained herein and I authorize the persons listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing same to you.  
I understand and agree that, if hired, my employment is for no definite period of time and may regardless of the date of payment of my wages, be terminated at any time without prior notice."