

APPLICATION FOR WORK

CENTER LOVELL INN

PERSONAL DATA		
LAST NAME	FIRST	MIDDLE INITIAL
HOME ADDRESS		PERMANENT ADDRESS (Leave blank if same as home)
STREET		STREET
CITY STATE ZIP		CITY STATE ZIP
TELEPHONE- AREA CODE & EMAIL: ()		TELEPHONE- AREA CODE NUMBER ()
Person to contact In an emergency		TELEP. AREA CODE NUMBER ()

EMPLOYMENT INFORMATION	
POSITION(S) APPLIED FOR <input type="checkbox"/> Wait Server <input type="checkbox"/> Buss <input type="checkbox"/> Kitchen Helper <input type="checkbox"/> Other:	
Do you have a valid ServSafe certification? YES <input type="checkbox"/> NO <input type="checkbox"/> I understand that an offer of employment, and my continued employment with Sweet Plantains are contingent upon proof of a valid USVI Health Card.	
SOCIAL SECURITY NUMBER:	Are you 18 years or older YES <input type="checkbox"/> NO <input type="checkbox"/>
How did you find out about us?	
Do you have any impairments – physical, mental, or medical – which would interfere with your ability to do the job for which you are applying? U.S. law prohibits discrimination on the basis of a handicap. YES <input type="checkbox"/> NO <input type="checkbox"/>	
The following conditions may be required at some point in a job assignment. If required, would you be willing to work: Shift work? YES <input type="checkbox"/> NO <input type="checkbox"/> Rotational work schedule? YES <input type="checkbox"/> NO <input type="checkbox"/> Work Sat & Sun. YES <input type="checkbox"/> NO <input type="checkbox"/>	
What days and times are you available?	

EDUCATION AND TRAINING				
Type of School Name & Address of School	Graduated		Type of Degree, Diploma / Certificate	Field of Study
	Yes	No		
High School				
College / University				
Other Education				

SECURITY DATA	
Have you been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes please describe the circumstances of your conviction, indicating the date, nature and place of the offense and disposition of the case. A felony conviction record will not necessarily bar you from employment since this will be looked upon as only one of the factors considered in the employment decision and is evaluated in terms of nature, severity and date of offenses.	

EMPLOYMENT EXPERIENCE: Please rate your experience and skill level: 0 – 4; (4 for very experience.) ____.
Please check off your level of service experience: Fast Food Casual Dining Fine Dining Banquette
Start with the present. List previous restaurant / hospitality / relevant experience. Use reverse side if necessary.

Company Name and Address / Phone	Employed Month Year	Position and Job description	Reason for Leaving
1.			
2			
3			

NO, you may not contact anytime YES you may contact for verification. The information that I provided is accurate to the best of my knowledge. I release Sweet Plantains from all liability that may result form verification.

SIGNATURE OF APPLICANT _____ Date _____