Pier 88 Boiling Seafood & Bar Employment Application

Programs, services, and employmer reasonable accommodation for the	ase inform us if you requ	iire	Date: (Month/Day/Year)				
Location:					/ /		
Which location are you applying for:					Position Applied For:		
Full Name:			Are you	over the age	of 18?	☐ Yes ☐	No
Address:		City:				State	Zip:
Phone: ()		Mobile:			E-mail	:	
Available to Start:	Social Security #: Salary Requirement						
f you are under 18 and w	e require a w	ork permit, can	you furnish one		Yes	No	
f no, please explain:							
Are you a citizen of the U	nited States?	☐ Yes	s 🗌 No				
f not, are you legally allo	wed to work	in the United S	States? Yes	s 🗌 No			
Гуре of employment desir	red:	Full-Time	Part-Time	Temporary	Seasona	ıl	
Have you ever pleaded "g	uilty," "no c	ontest," or been	n convicted of a c	rime?	Yes 🔲 1	No	
If yes, give dates and deta	ils:						
Answering "yes" to these	questions do	es no constitute	e an automatic rej	ection for en	nployment. D	Date of the offens	e, seriousness and
nature of the violation, rel	nabilitation ar	nd position app	lied for will be co	onsidered.			
Availability							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sunday
Morning (11:30 am -5 pm)							
Evenings (4:30 pm – close)							
Education							
Name & Address of School			Course of Study		ears pleted	List of Degrees	Graduated Yes/No
High School							

College/University

Technical or Vocational School

References

Name/Relationship	Addre	ss/Phone	Business	Years Acquainted					
1									
2									
3									
Previous Employme	ent (begin w	rith most recen	t position):						
Dates of Employment: From _	/ /	То / /	Position(s) Held:						
Firm:									
Phone: ()									
· · · · · · · · · · · · · · · · · · ·	-								
	Ending Salary & Title								
Reason for Leaving:									
May we contact this employer									
Dates of Employment: From									
Firm:									
Phone: () Responsibilities:	-		Tiue:						
		Ending Salary	& Title						
Reason for Leaving:									
May we contact this employer \Box	Yes								
I certify that my answers are true and	complete to the best o	of my knowledge. I authori	ze vou to make such inve	stigations and					
inquiries of my person, employment,	•	, .	•	e e					
I hereby release employers, schools or									
In the event I am employed, I understa			_						
discharge.			y 11	· / •					
Signature of Applicant::			Date:						