LOVEJOYS EMPLOYMENT APPLICATION

1. **Employer Information**

Employ	yer:	Lovejoys on Main	
Telepho	one:	903.564.3685	
employ	ees without	Lovejoys on Main to provide equal employment opportung regard to any legally protected status such as race, color eteran status.	
2.	Applicant	: Information	
Applica	ant Full Nar	me:	
Home A	Address:		_
City/St	rate/ZIP:		_
Numbe	er of years at	t this address:	
Mobile	phone:		
Addres	ss:		_
City/St	rate/ZIP:		_
Cell ph	ione:	Evening phone:	
3.	Who refer	red you to our company?	
	Do you ha	ve any friends or relatives who work here? If yes, please	list here:
4.	Are you at	t least 16 years old?Yes	No
5.	Are you w	rilling to work any shift, including some Saturdays?	_ Yes No

If no, please state any limitations:

6.	If you are offered employment, when would you be available to begin work?							
	Mon	Tues _	Wed _	Thurs _	Fri _	Sat	10-4	2-6pm
7.	Applicant	<u>Skills</u>						
numb		experienc	e, and cir	cle the nun	nber wh	ich corres	sponds to yo	e job you are seeking. Enter the ur ability for each particular
\$	<u>Skill</u>					Years of	<u>Experience</u>	2
[]	Serving table	s/hosting						_
[]	Customer ser	vice						_
[]	Kitchen exper	rience						_
								_
								_
8.	Applicant	<u>Employn</u>	nent Hist	<u>ory</u>				
servi		have held	, beginnir	ng with the	most re	ecent, and	list and exp	g self-employment and military lain any gaps in employment. It
a. En	nployer/Compa	ıny Name	:					
Supe	rvisor Name/Pl	hone:						
Addr	ress:							
City/	State/ZIP:							
Job I	Outies:							
Reas	on for Leaving	:						
Dates	s of Employme	ent (Mont	h/Year):					-
b. En	nployer/Compa	any Name	»:					
Supe	rvisor Name/Pl	hone:						

Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment	t (Month/Year):
9. Applicant's	Education and Training
High School/GED Na	ame and City/State
Other Educational Ac	hievements:
Please indicate any cu	arrent professional licenses or certifications that you hole
Do you have a Food I	-landlers License
10. References	tives who would be willing to provide a reference for yo
Name:	
Address:	
City/State/ZIP:	
Telephone:	
Relationship:	
Name:	
Address:	

Cit	y/State/ZIP:								
Tel	ephone:	_							
Rel	ationship:	_							
11.	What would you expect as an hourly pay?								
		ion that you believe should be considered, including whether you current employer and timeline, health considerations/limitations							
		CERTIFICATION							
false o	-	application is truthful and accurate. I understand that providing sis for rejection of my application, or if employment commences,							
emplo comm person	yment and education. I authorize my founicate information regarding my previ	er employers and educational organizations regarding my emer employers and educational organizations to fully and freely ous employment, attendance, and grades. I authorize those reely communicate information regarding my previous							
I HAV ITS TI		CERTIFICATION AND I UNDERSTAND AND AGREE TO							
APPL	ICANT SIGNATURE	DATE							