



APPLICATION FOR EMPLOYMENT (PLEASE PRINT)

PERSONAL DATA

NAME (LAST)	FIRST	MIDDLE	DATE
ADDRESS, STREET, CITY, STATE, ZIP CODE			
TELEPHONE	SOCIAL SECURITY #	BIRTHDATE	

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ___ NO ___

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? YES ___ NO ___

WHAT IS YOUR FAVORITE RESTAURANT TO DINE AT? _____

PLACEMENT INFORMATION

POSITION DESIRED	SHIFT DESIRED	DESIRED WAGE	DATE AVAILABLE
	MORNING / EVENING		
ANY SCHEDULING LIMITATIONS, OR DAYS YOU ARE UNABLE TO WORK? EXPLAIN			

EXPERIENCE

CURRENT EMPLOYER AND ADDRESS		TELEPHONE	SUPERVISOR'S NAME
JOB TITLE	JOB RESPONSIBILITIES		
DATES EMPLOYED	CURRENT WAGE/	REASON FOR SEEKING CHANGE OF POSITION?	
—/— TO —/—			

PREVIOUS EMPLOYER AND ADDRESS		TELEPHONE	SUPERVISOR'S NAME
JOB TITLE	JOB RESPONSIBILITIES		
DATES EMPLOYED	FINISHING WAGE/	REASON FOR LEAVING	
—/— TO —/—			

PROFESSIONAL REFERENCES

NAME	OCCUPATION	TELEPHONE

WHY DID YOU CHOOSE TO APPLY AT THE ONE FISH-TWO FISH

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION".

SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

INTERVIEWED BY _____ DATE _____