



77 Grandville Ave. SW
Grand Rapids, MI 49503

P: 616-451-4300
F: 616-451-4303

Date: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Telephone: (□ □ □) □ □ □ - □ □ □ □ Social Security #: □ □ □ - □ □ - □ □ □ □

EMPLOYMENT INFORMATION

Position Desired: _____ Desired Salary: _____ Date You Can Start: _____

Are You 21 years old or older? Yes No

Note*: All positions require Daytime and Weekend Availability!

Please list ALL restaurant experience: _____

Please List any Scheduling Restrictions: _____ Hours Desired per Week: _____

If Applicable, Please post your School Schedule on Back of Application.

PREVIOUS EMPLOYMENT (PLEASE LIST LAST EMPLOYER FIRST, ETC.)

Name & Address	Month/Year	Salary	Title	Reason Left
	From: _____ To: _____			
	From: _____ To: _____			
	From: _____ To: _____			

PERSONAL REFERENCES

Name	Address	Occupation	Phone #

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Phone: _____ Relationship: _____

I, the undersigned, certify that the facts in this application are true to the best of my knowledge, and understand that if employed, falsified statements shall be grounds for dismissal.

Signature: _____ Date: _____