

Hot Spot Thai Employment Application

- Answer each item accurately and completely. Failure to do so may result in your not being considered for employment, or in your termination if inaccurate or omitted information is discovered after your employment has begun.
- It is the policy of Hot Spot Thai to provide equal employment opportunity to all employees and applicants without regard to race, religion, age, or gender.
- In accordance with the Immigration Reform and Control Act of 1986, any offer of employment is conditioned upon satisfactory proof of applicant's identity and legal ability to work in the United States.

Name	Social Security Number	Date
Address		Telephone Home: () Cellular: ()

For what position are you applying?	Part Time OK? Yes No	Salary/Pay Desired	Are you currently employed? Yes No	May we contact your current employer? Yes No
Available Start Date	Availability: Please Circle SUN M T W TH F SAT Time:		Why do you want to work at the Hot Spot?	
Do you have any friends or relatives employed by Hot Spot Thai? Yes No	If yes, whom?		Reliable transportation available?	

Education

School	Name of School	Location of School (City and State)	Major	Level Completed Diploma	Degree/Certificate Received	Grade Average
High School						
Community College/Trade						
College/University						
Graduate						
Other Training/Certificate						
Typing – WPM	Word Processing/Spreadsheets (Please list other software used)					

Personal Data

Are you at least 18 years of age? Yes No	Can you submit verification of your legal right to work in the US? Yes No	Have you ever been convicted of a felony or misdemeanor? If yes, Please explain: Yes No (A conviction will not necessarily disqualify applicant)
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Work Experience

Even if you submit a resume, please list your work experience below.

Begin with your present or most recent employer.

Please include any summer, part-time or volunteer experience.

Present or Most Recent Employer	From Mo/Yr	To Mo/Yr	Job Title – Start
Address		Starting Salary/ Hourly Wage	Job Title – Present/Termination
City	State Zip		Reason for Leaving or Wanting to Leave
Name of Superior		Ending Salary/ Hourly Wage	Major Responsibilities
Telephone			
Title		\$	
Department			

Please explain any gaps in employment:

Present or Most Recent Employer	From Mo/Yr	To Mo/Yr	Job Title – Start
Address		Starting Salary/ Hourly Wage	Job Title – Present/Termination
City	State Zip		Reason for Leaving or Wanting to Leave
Name of Superior		Ending Salary/ Hourly Wage	Major Responsibilities
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Name of Superior		Ending Salary/ Hourly Wage	Major Responsibilities
Telephone			
Title		\$	
Department			

I declare under penalty of perjury that the facts contained in this application, resume or other submitted documents are true and complete to the best of my knowledge. I understand that any false information or significant omissions will disqualify me from further consideration for employment, and is justification for my dismissal from employment if discovered at a later date. INITIAL _____

I voluntarily knowingly authorize the release of all information requested by the company or agency acting on the company's behalf for the purpose of preparing an investigative report. I understand that my application for employment is not complete until I have completed any additional paper work required for the purposes of completing the investigative report. I understand that I have the right to request a complete disclosure of the nature and scope of the investigation, along with information in my investigative file, upon reasonable notice to the company or agency. INITIAL _____

I authorize the investigation of all statements contained in this application/resume and authorize any person, school, current and past employers and organizations to provide the company with records, information and opinion that may be useful in making a hiring decision. I release all informants of liability for any damage that may result from furnishing information and opinion that is truthful or made in good faith. INITIAL _____

If the company makes a conditional job offer, I give permission for a pre-employment drug/alcohol screening exam and a complete employment physical. I consent to the appropriate release of any and all medical information. INITIAL _____

In the event of employment and in consideration thereof, the Company and any person or concern it may authorize will be entitled, without further consent, to copyright, sell, or use in any manner, any picture of photograph of me(including still, video, or motion picture), or recording of my voice. INITIAL _____

Print name:	Signature	Date
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