

# Harvey's on the Mall Restaurant

## Application for Employment

This company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

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Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Date You Can Start: \_\_\_\_\_

(Please note that this application will only remain active for 3 months, after which the applicant would need to re-apply.)

Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Last Middle First

Present Address:

Street City State Zip

Permanent Address:

Street City State Zip

Telephone #: Home(\_\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_\_) \_\_\_\_\_

Are you 18 years or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any hours or days of the week you cannot work? \_\_\_\_\_ If so, when? \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Type of Employment: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Are you employed now? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

Name, title and phone number of current employer: \_\_\_\_\_

Have you ever applied to this Company before? \_\_\_\_\_ When? \_\_\_\_\_

Under what name? \_\_\_\_\_

Education:

Do you have U.S. Military experience? \_\_\_\_\_ Date Entered: \_\_\_\_\_

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ Honorably? \_\_\_\_\_

Are you lawfully entitled to be employed in the United States? \_\_\_\_\_

Have you ever been convicted of a crime except a minor traffic violation? \_\_\_\_\_ No \_\_\_\_\_ Yes

If so, please state citation, date and place where the offense occurred, \_\_\_\_\_

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Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application: \_\_\_\_\_

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References: Two individuals not related to you, whom you have known for at least one year:

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Name	Street	City/State	Phone
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Name	Street	City/State	Phone
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**Emergency Contact:**

Name	Street	City/State	Phone	Relationship
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**Current and Former Employer's (Starting with the Most Recent)**

Company Name: \_\_\_\_\_ Dates From: \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Salary: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Job/Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name: \_\_\_\_\_ Dates From: \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Salary: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Job/Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name: \_\_\_\_\_ Dates From: \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Salary: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Job/Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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May we contact the employers listed above? Check **(X)** the boxes above if yes, leave them blank if no.

**Please read the following statement carefully before signing to indicate your understanding.**

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform Harvey's on the Mall prior to the test so that a reasonable accommodation can be made. Harvey's on the Mall reserves the right to require medical documentation regarding the need for accommodation.

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 may result in termination.

I understand and agree that if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those marked not to contact, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability from any information they may give to Harvey's on the Mall Restaurant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_