



# APPLICATION FOR EMPLOYMENT

IMPORTANT: Application will not be considered unless all questions are answered. If not applicable, write N/A. Should you have any questions concerning this application, please ask for assistance.

Today's Date: \_\_\_ / \_\_\_ / \_\_\_

LAST NAME:	FIRST NAME:	M.I.	ARE YOU OVER THE AGE OF 18? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU HAVE SSN YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU HAVE DRIVING LIC. YES <input type="checkbox"/> NO <input type="checkbox"/>	
ADDRESS:		APT #	CITY	STATE	ZIP:	HOW LONG HAVE YOU BEEN LIVING THERE
HOME PHONE #	ALTERNATIVE #	U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>		CAN YOU LEGALLY WORK IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		DO YOU HAVE WORK PERMIT YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER BEEN CONVICTED OF A CRIME? (IF YES BRIEFLY DESCRIBE THE NATURE OR CRIME, DATE, PLACE OF CONVICTION, AND DISPOSITION OF THE CASE) YES <input type="checkbox"/> NO <input type="checkbox"/>						
WHAT FOREIGN LANGUAGE DO YOU SPEAK?			READ?	WRITE?	HOW FLUENT?	
EMERGENCY CONTACT INFORMATION NAME:		ADDRESS		TELEPHONE NUMBER		RELATIONSHIP

## JOB INTERESTS

POSITION DESIRED	WAGE DESIRED	WHEN ARE YOU AVAILABE TO WORK (CHECK ALL THAT APPLIES) Day-time <input type="checkbox"/> Evenings <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> All <input type="checkbox"/>	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	DATE YOU CAN START / /
HOURS AND DAYS YOU ARE AVAILABLE TO WORK: SUNDAY <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/>				
REFERRED BY: ADVERTISEMENT <input type="checkbox"/> RECRUITED <input type="checkbox"/> WALK-IN <input type="checkbox"/> FRIEND <input type="checkbox"/> IF SO WHOM			ARE YOU RELATED TO ANYONE EMPLOYED BY THIS COMPANY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHOM?	

## EDUCATION

TYPE OF SCHOOL	NAME/TYPE	CITY AND STATE	YEARS COMPLETED	DEGREE/RANK	LAST YEAR ATTENDED
HIGH SCHOOL			1 2 3 4		
COLLEGE			1 2 3 4		
OTHER			1 2 3 4		
MILITARY					

## WORK EXPERIENCE LIST PREVIOUS OR CURRENT JOBS WITH MOST RECENT INFORMATION FIRST

NAME, ADDRESS & TYPE OF BUSINESS	EMPLOYMENT DATES FROM TO	SUPERVISOR & PHONE NUMBER
JOB TITLE & RESPONSIBLITES	HOURLY WAGE START END	REASON FOR LEAVING
NAME, ADDRESS & TYPE OF BUSINESS	EMPLOYMENT DATES FROM TO	SUPERVISOR & PHONE NUMBER
JOB TITLE & RESPONSIBLITES	HOURLY WAGE START END	REASON FOR LEAVING
NAME, ADDRESS & TYPE OF BUSINESS	EMPLOYMENT DATES FROM TO	SUPERVISOR & PHONE NUMBER
JOB TITLE & RESPONSIBLITES	HOURLY WAGE START END	REASON FOR LEAVING

**APPLICANT PLEASE READ CAREFULLY:** I certify that the information contained in this application is true and correct, and I further understand that false, incorrect or incomplete information in this application is grounds for disqualification from further consideration or dismissal from employment. I hereby authorize Wok Inn to contact my former employer(s), reference(s) and any other individual or organization to provide information solicited by the company, and I hereby release and discharge each of the above, including Wok Inn from any liability of any kind or nature arising from such references or inquiries. I understand that KOGI KOREAN GRILL is an at will employer and I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either me or the company. In addition, if I am hired, KOGI KOREAN GRILL I will have the right to impose discipline or alter my position at its discretion. I understand and agree that no representative of KOGI KOREAN GRILL may enter into any agreement contrary to the foregoing unless it is done by the way of a specific written agreement signed by the President of KOGI KOREAN GRILL, LLC

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER – DISCRIMINATION IN EMPLOYMENT PRACTICES BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN OR DISABILITY IS PROHIBITED.