

PLEASE ANSWER ALL THE QUESTIONS

Last Name _____ First Name _____ Date _____

Street Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Emergency Phone _____

Person to notify in case of emergency _____

Are you a U.S. citizen? Yes No If no, Alien I.D. No. _____ Do you have use of an automobile? Yes No

Other than minor traffic violations, have you ever been convicted of a crime? Yes No (If yes, please explain, each case is individually considered) _____

Are you a student? Yes No First Job Choice _____ Second Job Choice _____ Third Job Choice _____

Circle Days Available: M T W T F S S Hours Available: From _____ To _____

Have you ever worked for a Temporary Service? Yes No If yes, please list name, address and telephone numbers of the firms at which you worked as a temporary:

1. _____
2. _____

PREVIOUS PERMANENT EMPLOYERS

From Mon/Yr	To Mon/Yr	Name of Company	Telephone No.	Type of Work	Reason for Leaving

✓ CHECK ONLY THE SKILLS IN WHICH YOU HAVE WORK EXPERIENCE NOTES

- HOSPITALITY / FOOD SERVICE**
- Sous Chef
 - Baker
 - Saute Cook
 - Line Cook
 - Grill Cook
 - Food Prep
 - Detail Cleaner
 - Dishwasher
 - Banquet Server
 - Cashier
 - Utility
 - Pot Washer
 - Bartender
 - Other _____
 - Concession Worker
 - Housekeeper

HOW WERE YOU REFERRED?

- Friend (if so, friend's name) _____
- Relative (if so, relative's name) _____
- Newspaper (if so, newspaper's name) _____
- Other _____

EDUCATION

Circle Highest Grade Completed	Last School Attended	Degree or Major	Graduated
High School 1 2 3 4			
College 1 2 3 4 5 6+			

	E	G	A	P	DO NOT WRITE BELOW THIS LINE — FOR OFFICE USE ONLY
Appearance					What?
Communication					Where?
Flexibility					How Much?
Job Knowledge					Hep-A?
Attitude					Uniform?

INTERVIEWED BY _____ DATE _____

APPLICANT PLEASE READ AND SIGN AUTHORIZATION

I authorize you and all former employers given by me as references, to answer all questions and to give all information in connection with this application or in anyway concerning me. I agree, if employed by you, that if I ever make any claims against you for personal injuries, upon your request I shall submit to examinations by physicians of your selection. My employment may be terminated by you at any time without liability to me except for wages earned by me as of the date of such termination. I understand if accepted for employment, I will be working for you on your payroll, at your client's premises. I also understand that any information I may learn while working for your client is to be kept strictly confidential. It is agreed that I will obtain your permission before discussing permanent employment with your client. I agree to notify you immediately upon completion of each assignment or as soon as I become available. If I fail to give such notice, you may assume that I am not available for reassignment, or that I am not ready, willing or able to work. I hereby state that the information provided you in this application is true and complete. I understand that it shall be considered grounds for immediate dismissal if any of the information contained herein is found to be untrue. I will hold you completely harmless from any claims including, but not limited to, personal injury or illness as a result of my providing false or misleading information on this application.

Applicant's Signature _____

Date _____

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2016
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5			
6 Additional amount, if any, you want withheld from each paycheck	6 \$			
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	