



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Date: _____

Name: _____ Phone #: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Primary Phone No. _____ Alternative No. _____

Email Address: _____

Position Desired: _____ Hourly Rate Expected: _____

Please chose one answer.

For hostess position you must be at least 16 years of age. Are you able to provide proof of age?

YES

NO

☐☐

For all other positions you must be 18 or older? Are you able to provide proof of age?

☐☐

Are you TABC Certified?

☐☐

Are you legally eligible for employment in the U.S.?

☐☐

Can you work weekend, nights and holidays?

☐☐

Have you previously worked for or applied for La Fontaine?

☐☐

If yes, please complete the following:

Dates from: _____ to _____

Reason for leaving: _____

How many jobs have you held in the last two years?

0

☐☐

Have you ever been terminated from a job?

If yes, how many jobs have you been terminated from?

0

☐☐

Do you have a reliable means of transportation to and from work?

☐☐

We may conduct training on days, or at times, you have other obligations. Is your schedule flexible so you may come to training?

☐☐

Can you perform the essential functions required by the job for which you are applying either with or without reasonable accommodations?

☐☐

REFERENCES: Please list 3 names of people not related to you, who you may know for more than 1 year.

Name:	Phone No.	No. of Years Known	Relationship

**EMPLOYMENT HISTORY:**

Company:	Position:	Supervisor and Phone:	Date of Employment:	Reason for Leaving:

Education:

Name of School:	Area of Study:	Degree:

EMERGENCY CONTACT: Please list 2 people who may be reached in case of an emergency.

Name:	Phone No.	Alternative Phone No.	Relationship:

Please provide any additional information that you believe we should consider:

I certify that all information on this application is true, accurate and complete. I understand that if employed, misrepresentation or false statements reported on this application are cause for dismissal.

Signature of Applicant:**Date:**

DO NOT WRITE BELOW THIS LINE**FOR MANAGEMENT USE ONLY:**

First Interview	Date:	Given By:
Remarks:		
Position:		Starting Salary: