

APPLICATION FOR EMPLOYMENT

Evolution Food Group, LLC
PO Box 25 Lovettsville, VA 20180
(703)774-4593
Rebecca@MarketTableBistro.com

DATE: _____

PERSONAL INFORMATION:

Name: _____

Permanent Address: _____

Phone Number (Home): _____

Phone Number (Cell): _____

Email: _____

Date of Birth if under 21 years of age: _____

EMPLOYMENT DESIRED:

Restaurant Applying For: _____

Position or Type of Work: _____

Desired Pay: _____

Date You Can Start: _____

Number of Hours Preferred per week (not to exceed 40): _____

EDUCATION:

Level of Education: _____

School Name: _____

Special Training: _____

WORK EXPERIENCE (Last 3 employers)

Present or Most Recent

Name of Employer: _____

Period of Employment: _____

Position: _____

Salary: _____

Reason for Leaving: _____

Second

Name of Employer: _____

Period of Employment: _____

Position: _____

Salary: _____

Reason for Leaving: _____

Third

Name of Employer: _____

Period of Employment: _____

Position: _____

Salary: _____

Reason for Leaving: _____

EMERGENCY INFORMATION:

Who to notify in case of emergency:

- Name: _____
Address: _____
Phone Number(s): _____
Relationship of Person To Contact: _____

- Do you have any medical conditions or take medications that emergency medical technicians or we should be aware of? _____

FAVORITE RESTAURANTS:

HOW DID YOU HEAR ABOUT US/WHO REFERED YOU?

WHAT IS YOUR GREATEST STRENGTH?

WHAT IS YOUR GREATEST WEAKNESS?

WHAT ARE YOUR GOALS FOR THE FUTURE?

HOW LONG DO YOU PLAN ON WORKING FOR EVOLUTION FOOD GROUP?