

Employment Application

Fill out application and drop off in mail box or in person at the restaurant.

West Main Café

206 W. Main St. Loudonville, Ohio 44842

Programs, services and employment are equally available to everyone. Please inform us if you require reasonable accomodation for the application or interview.	Date of Interview (Month/Day/Year):
Applicant Data:	Position Applied for: <input type="checkbox"/> Dishwasher <input type="checkbox"/> Server <input type="checkbox"/> Cook
How were you referred to us?	

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell/Pager/Other: _____ E-mail: _____

Date Available to Start: _____ Social Security #: _____ Salary Requirements: _____

If you are under 18 years of age, can you provide a work permit? Yes No If no, please explain: _____

Have you ever worked for this company? Yes No If yes, when? _____

Are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-Time Part-Time Temporary Seasonal

If Part-Time, please specify hours available: _____

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No If yes, give dates and details: _____

*Answering yes to these questions does not constitute an automatic rejection for employment.
Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.*

Driver's license number (if applicable to position): _____ State: _____

Summarize your skills and qualifications:

Previous Employment (begin with most recent position)

Dates of Employment: From: / / To: / /

Company Name: Address:

City: State: Zip:

Phone: Supervisor: Title:

Position(s) held:

Responsibilities:

Starting Salary and Title: Ending Salary and Title:

Reason for leaving:

May we contact this employer for a reference? Yes No

Dates of Employment: From: / / To: / /

Company Name: Address:

City: State: Zip:

Phone: Supervisor: Title:

Position(s) held:

Responsibilities:

Starting Salary and Title: Ending Salary and Title:

Reason for leaving:

May we contact this employer for a reference? Yes No

Dates of Employment: From: / / To: / /

Company Name: Address:

City: State: Zip:

Phone: Supervisor: Title:

Position(s) held:

Responsibilities:

Starting Salary and Title: Ending Salary and Title:

Reason for leaving:

May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to take such investigations and inquiries of my personal employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application. **In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.**

_____ Date

_____ Signature of Applicant