

MIYABI STEAKHOUSE AND SUSHI RESTAURANT

**PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER**

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE: _____

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NO.
MAILING ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.		REFERRED BY:	

HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF YES, PLEASE EXPLAIN.

EMPLOYEMENT DESIRED

POSITION	DATE YOU CAN START	FULL-TIME/PART-TIME	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? YES NO		IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO		WHEN?	

EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OR SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS

FORMER EMPLOYERS (LIST LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION
FROM			
TO			

REASON FOR LEAVING:

FROM			
TO			

REASON FOR LEAVING:

FROM			
TO			

REASON FOR LEAVING:

FROM			
TO			

REASON FOR LEAVING:

REFERENCES: LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	PHONE NO.	YEARS KNOWN

AUTHORIZATION:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

SIGNATURE _____ DATE: _____

PRINT NAME _____