

Shuckers Oyster Bar & Grill
Hourly Employment Application



Last Name	First Name	MI	Today's Date
Street	Apt. #		Social Security Number
City	State	Zip	Expected Pay Rate
Home Phone	Cell Phone		Full-time or Part-time?

What position are you applying for? Circle one:

Server Host Server Assistant Cook Dish / General Utility

Do you have adequate transportation to and from work? _____ Yes _____ No

If hired, can you submit documents to prove your legal right to work in the U.S.? _____ Yes _____ No

How many hours per week do you want to work? _____ Min _____ Max

Are you of legal age to serve alcoholic beverages (18 years old in NC)? _____ Yes _____ No

We do not permit smoking while on duty. Are you willing to comply? _____ Yes _____ No

Being on your feet for 6-9 hours at a time is a requirement. Are you willing to comply? _____ Yes _____ No

We do not tolerate drug use. Are you willing to comply? _____ Yes _____ No

How many jobs have you had in the past year? _____ Past 2 years? _____

What were the circumstances for leaving each job? _____

What is the minimum amount you need to earn? \$_____ per week \$_____ per month

Do you have any upcoming schedule obligations coming up that we need to know about (weddings, reserve duty or holidays)?** _____

Do you have any regular commitments that will affect your schedule? ** _____

Are you willing to work holidays (We are closed Thanksgiving Day and Christmas Day)? ** _____

Will you be willing to work flexible hours? ** _____ Yes _____ No

Check the days you CAN work: **

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Lunch							
Dinner							

When will you be able to start? _____

If hired, what notice do you need to give to your current employer? _____

Why do you want to work for Shuckers Oyster Bar & Grill? _____

If offered a position with us, how long would you plan to stay? ** _____

We have specific requirements for personal appearance for both the dining room and the kitchen: clean, proper work apparel, no excessive jewelry or makeup, and good general hygiene. Are you willing to comply? _____ Yes _____ No

	Current or Recent Employer	Previous Employer	Previous Employer
Name of Employer			
Address / Location			
Phone #			
May we contact?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Length of employment	From: To:	From: To:	From: To:
Position Held			
Hourly Rate			
Average # of hours / week			
Reason for leaving			
Supervisor's Name			

**** You may omit any information indicating legally protected characteristics.**

I understand that false, misleading, or omitted information in my application or interview may result in termination.

Signature: _____ Date: _____

Emergency Contact Information

Name: _____ Phone: _____

FOR MANAGEMENT USE ONLY

Describe the following to the candidate:

- * Wages during training
- * Non-smoking environment
- * Teamwork expectations
- * Tip share
- * Restaurant hours
- * Management team structure
- * Table station sizes
- * Pay every two weeks
- * Uniform standards

Employment Verification:

	Employment Verification #1	Employment Verification #2
Date of Verification		
Conducted by		
Company called		
Name of Supervisor		
Phone #		
“_____ has applied for employment with us. I would like to verify some of the information given to us. When did he/she work for your company?”	From: _____ / _____ Month / Year To: _____ / _____ Month / Year	From: _____ / _____ Month / Year To: _____ / _____ Month / Year
“Would you re-employ him/her?”	_____ Yes _____ No	_____ Yes _____ No
“What was his/her job with you?”		
“What was his/her compensation?”		
“Why did he/she leave?”		
Additional Comments		

