



EMPLOYMENT APPLICATION

THE SILO RESTAURANT ~ 115 N. WATER ST. LEWISTON, NY ~ (716) 754-9680

APPLICANT INFORMATION

FULL NAME _____ TODAY'S DATE _____
 SOC SEC # _____ CITIZENSHIP _____ D.O.B. _____
 STREET ADDRESS _____
 CITY/TOWN _____ STATE _____ ZIP CODE _____
 E-MAIL ADDRESS _____ CELL PHONE # _____
 POSITION DESIRED _____ HOME PHONE # _____
 EMERGENCY CONTACT _____ CONTACT # _____

AVAILABILITY

DATE YOU CAN BEGIN _____ ANTICIPATED END DATE _____
 TOTAL HOURS AVAILABLE PER WEEK _____ DO YOU HAVE TRANSPORTATION? _____

PLEASE INDICATE THE HOURS YOU ARE AVAILABLE TO WORK BELOW:

	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM							
TO							

EDUCATION

LAST SCHOOL ATTENDED _____ TYPE _____
 SCHOOL LOCATION _____ YEARS COMPLETED _____
 ARE YOU STILL ATTENDING? _____ DEGREE RECEIVED _____

EMPLOYMENT HISTORY

1. COMPANY _____ CURRENT EMPLOYER? _____
 ADDRESS _____ CITY/STATE _____
 START DATE _____ END DATE _____ ENDING/CURRENT WAGE _____
 STARTING POSITION _____ ENDING POSITION _____
 SUPERVISOR _____ CONTACT NUMBER _____

EMPLOYMENT HISTORY (CONT.)

2. COMPANY _____ CURRENT EMPLOYER? _____
ADDRESS _____ CITY/STATE _____
START DATE _____ END DATE _____ ENDING/CURRENT WAGE _____
STARTING POSITION _____ ENDING POSITION _____
SUPERVISOR _____ CONTACT NUMBER _____

3. COMPANY _____ CURRENT EMPLOYER? _____
ADDRESS _____ CITY/STATE _____
START DATE _____ END DATE _____ ENDING/CURRENT WAGE _____
STARTING POSITION _____ ENDING POSITION _____
SUPERVISOR _____ CONTACT NUMBER _____

REFERENCES

NAME	PHONE NUMBER	RELATIONSHIP

HOW DID YOU HEAR OF THIS JOB? _____

WERE YOU REFERRED BY AN EMPLOYEE? _____ IF YES, WHO? _____

PLEASE LIST ANY HOBBIES, INTERESTS, AWARDS, ACHIEVEMENTS, OR EXPERIENCES THAT YOU FEEL MAKE YOU A GOOD CANDIDATE FOR THE SILO RESTAURANT:

DURING THE PAST 7 YEARS, HAVE YOU BEEN CONVICTED OF, OR PLED GUILTY TO ANY CRIME, EXCLUDING MINOR TRAFFIC VIOLATIONS? IF YES, PLEASE EXPLAIN.

THE SECRETARY OF HEALTH HAS DETERMINED THAT CERTAIN DISEASES, INCLUDING: HEPATITIS A, SALMONELLA, SHIGELLA, STAPHYLOCOCCUS, STREPTOCOCCUS, GARDIA, E. COLI, AND CAMPHYLOBACTER, PREVENT YOU FROM SERVING OR HANDLING FOOD AND/OR FOOD EQUIPMENT IN A SANITARY OR HEALTHY FASHION. INCLUDING ABOVE LISTED, IS THERE ANY MEDICAL REASON YOU CANNOT PERFORM THE TASKS REQUIRED IN THIS ESTABLISHMENT? IF YES, PLEASE EXPLAIN.

I CERTIFY THAT I HAVE BEEN TRUTHFUL IN PROVIDING THE INFORMATION ON THIS APPLICATION AND THAT IT IS CORRECT TO THE VERY BEST OF MY KNOWLEDGE. AS SUCH, I UNDERSTAND THAT THE DISCOVERY OF ANY OMISSION OR ERRONEOUS INFORMATION WILL BE GROUNDS FOR DISMISSAL ACCORDING TO THE POLICIES OF THE SILO RESTAURANT. BY SIGNING BELOW, DIGITALLY OR MANUALLY, I AGREE TO THE ABOVE STATEMENT AND GIVE THE SILO RESTAURANT PERMISSION TO CONTACT ANY REFERENCES LISTED WITHIN THIS APPLICATION.

SIGNATURE _____ DATE _____