



Didley's Car Hop

920 N. Niles St.
 P.O. Box 830
 Metamora, IL. 61548
 309-367-2108

Employment Application 2008

APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Date Available to start work. / /					Desired Salary		
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever worked for Didley's		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can you skate or roller blade?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	What position are you applying for?			
Are you 18 years or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have any experience in the restaurant business? If yes, please explain.			

Sunday	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monday	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tuesday	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wednesday	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Thursday	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Friday	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Saturday	Yes <input type="checkbox"/>	No <input type="checkbox"/>	FULL TIME	Yes <input type="checkbox"/>	No <input type="checkbox"/>	PART TIME	Yes <input type="checkbox"/>	No <input type="checkbox"/>

EDUCATION

High School		Address					
From	To	Have you graduated?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College		Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

REFERENCES

PLEASE LIST 3 PERSONAL OR PROFESSIONAL REFERENCES

Full Name		Relationship					
Address		Phone ()			Mobile ()		
Full Name		Relationship					
Address		Phone ()			Mobile ()		
Full Name		Relationship					
Address		Phone ()			Mobile ()		

PREVIOUS EMPLOYMENT				
Company			Phone ()	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company			Phone ()	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

SIGNATURE & DATE	
<p>I certify that my answers are true and complete to the best of my knowledge. I hereby acknowledge notification that Didleys Car Hop, may request information regarding my previous employment and personal history from the references listed or any other source.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>	
Signature	Date