

APPLICATION FOR EMPLOYMENT

Name:

Position:

Date:

Phone:

EMPLOYMENT HISTORY

PLEASE LIST YOUR TWO MOST RECENT PLACES OF EMPLOYM	ENT.		
Name and Location:	Name and Location:		
Position Held:	Position Held:		
Dates of Employment:	Dates of Employment:		
Reason for Leaving:	Reason For Leaving::		
Supervisor's Name: May we contact them?:	Supervisor's Name: May we contact them?:		
EDUCATION			
High School or GED No /Yes Dates:	No /Yes Dates: School Name:		
College(s) Attended:			
Dates :			
Major(s):			
Languages Spoken Other than English:	Charity Work:		
TRAINING (PLEASE LIST ANY OTHER CREDENTIALS)			
Serv Safe Certified: (If yes, When?)	TIPS Certified: (If yes	TIPS Certified: (If yes, When?)	
OTHER INTERESTS			
AVAILABILITY			
AM: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Fri PM: ☐Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Fri	iday	y y	
Please list any day/night shifts you are unable to work:			
Do you have reliable transportation?			
I certify the information in this applic reported on this application may be	ation is true, correct and com considered sufficient cause for	plete. I understand that, if employed, false statements or dismissal.	
← Please sign and date			

GENERAL I	FOOD AND BEVERAGE KNOWLEDGE ASSESMENT		
	Please answer the following questions to the best of your ability		
	List the names of 4 types of fish that you have encountered while either working or eating in a restaurant:		
	Please list 4 types of Vodka:		
_			
Beverage Service:	What side of the guest wine properly poured from?		
List 5 brands of Gin:	List 5 Wine Grape Varietals:		
What is the	e name of the last restaurant you ate at?		
What is you favorite typ food?:			

Please tell us a little bit about yourself and why you would be a great addition to the Mark Daniel Hospitality family?