

Hurricane Restaurant Employment Application

29 Dock Square, Kennebunkport, Maine, 04046, (207) 967-9111, info@huricanerestaurant.com



APPLICANT INFORMATION			
LAST NAME	FIRST NAME & MIDDLE INITIAL	SSN	DATE OF BIRTH
MAILING ADDRESS			
PHONE 1	PHONE 2	EMAIL ADDRESS	
Are you 18 or older? Y or N		Are you a U.S. citizen? Y or N	

POSITION DESIRED			
What position are you applying for?			
How did you learn of the position available?			
EMPLOYMENT TYPE DESIRED	HOURS DESIRED	SALARY DESIRED	AVAILABLE START DATE
Full Time / Part Time			

EDUCATION			
	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	MAJOR & DEGREE EARNED
GRAMMER SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			
APPLICABLE SKILLS / PROFICIENCIES			

REFERENCES			
NAME	COMPANY & POSITION	RELATIONSHIP	PHONE

EMPLOYMENT HISTORY

EMPLOYER NAME (1)	POSITION HELD	SALARY	REASON FOR LEAVING

EMPLOYED (DATE, MONTH, AND YEAR):

FROM: TO:

EMPLOYER NAME (2)	POSITION HELD	SALARY	REASON FOR LEAVING

EMPLOYED (DATE, MONTH, AND YEAR):

FROM: TO:

EMPLOYER NAME (3)	POSITION HELD	SALARY	REASON FOR LEAVING

EMPLOYED (DATE, MONTH, AND YEAR):

FROM: TO:

EMPLOYER NAME (4)	POSITION HELD	SALARY	REASON FOR LEAVING

EMPLOYED (DATE, MONTH, AND YEAR):

FROM: TO:

DISCLAIMER / AUTHORIZATION / LEGAL STATEMENT

"I certify that the facts contained in 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 the 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

PRINTED NAME	SIGNATURE	DATE