

# APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

1647 East Market Street  
Harrisonburg, VA 22801



## Personal Information

Name (Last, First Middle)		Social Security # — —	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone #	Referred By		

## Employment Desired

Position	Date You Can Start	Salary Desired
Are You Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So, May We Inquire Of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied To <i>BRAVO</i> Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	If Hired, For How Long Were You Employed? —

## Availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lunch						
Dinner						

## Education History

	Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
High School				
College/Trade School				

## General Information

Subjects Of Special Study/Research Work Or Special Training/Skills	
U.S. Military Or Naval Service	Rank

## Former Employers

List Below Last Four (4) Employers, Starting With The Most Recent First

Date (Month/Year)	Name & Address Of Employer	Salary	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**References**

Name	Address	Phone #	Business & Position	Years Known

**Authorization**

"I certify that the facts contained in this 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 *Bravo Italian Restaurant* 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 an 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."

Date \_\_\_\_\_ Signature \_\_\_\_\_

===== Do Not Write Below This Line =====

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

**Remarks**


Neatness	Character
Personality	Ability
Hired	Position
	Salary/Wages

Approved: \_\_\_\_\_  
Print Name Signature Position