

Intown Sushi

www.intownsushi.com Info@intownsushi.com 612-216-1744 I office 612-354-2706 I Restaurant

Employment Application Form

Applicant Information										
Full Name:	Eirst Name and Middle initial				Date:					
Address:	Street Add						Apartment/Unit #			
	City					State	ZIP Code			
Phone:	one: Email									
Date of Birth: Social		_ Social Secur	ity No.:		Desired Sala	Desired Salary:				
Date Available: Position Apply for										
Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.?										
YES NO Have you ever been convicted of a felony? □ □										
If yes, explain:										
SCHO NAM			ADDRESS CITY/STATE		YEAR(S) ATTENDED	DEGREE RECEIVED	MAJOR			

References										
Please list three professional references.										
1.	Full Name:		F	Relationship	·					
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	Company:			_Pnone No.						
	Address:									
	, ida, eee									
2.	Full Name:		F	Relationship	·					
	Company:	Phone No								
	Address:									
3	Full Name:		Relationship	,						
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	Company:	Phone No								
	Address:									
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			Previous Emplo							
CO	MPANY NAME	JOB TITLE	SALARY	MONTH/Y	EAR To	REASON FOR LEAING				
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				From	То					
				From	То					
Disclaimer and Signature										
I certify that my answers are true and complete to the best of my knowledge.										
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.										
1110	ərview may result Iff i	iny release.								
Sig	nature:					Date:				