



AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Lock Sixteen Catering, Inc. to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

Please Check Which Location You Are Applying For:

Catering ~ Ottoville

Steakhouse ~ Lima

PERSONAL DATA

FIRST NAME	MIDDLE	LAST	SOCIAL SECURITY NUMBER
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PRESENT ADDRESS IN FULL	CITY	STATE	ZIP	TELEPHONE
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PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP	TELEPHONE
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APPLICATION FOR EMPLOYMENT

DATE OF BIRTH ____ - ____ - ____

POSITION DESIRED _____

DATE YOU CAN START _____

WHAT OTHER POSITIONS COULD YOU FILL TEMPORARILY _____

PLEASE STATE WHY YOU WOULD BE A GOOD EMPLOYEE IN THE DESIRED POSITION

DO YOU HAVE ANY PRE-EXISTING CONDITION WHICH WOULD INTERFERE WITH OR LIMIT YOUR ABILITY TO PERFORM THE JOB? ___YES ___NO

IF YES, PLEASE EXPLAIN _____

DO YOU HAVE OBJECTIONS TO WORKING WEEKENDS? ___YES ___NO

DO YOU HAVE OBJECTIONS TO WORKING EVENINGS? ___YES ___NO

DO YOU HAVE OBJECTIONS TO WORKING HOLIDAYS? ___YES ___NO

DO YOU HAVE OBJECTIONS TO WORKING OVERTIME? ___YES ___NO

DO YOU HAVE DEPENDABLE TRANSPORTATION TO WORK? ___YES ___NO

HAVE YOU EVER BEEN FIRED FROM A JOB? ___YES ___NO

IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THE LAST TEN YEARS?

___YES ___NO IF YES PLEASE EXPLAIN _____



EMPLOYMENT HISTORY

LIST MOST RECENT EMPLOYER FIRST

1. _____
NAME OF COMPANY CITY/STATE EMPLOYED FROM/TO WAGE

POSITION HELD DUTIES REASON FOR LEAVING

2. _____
NAME OF COMPANY CITY/STATE EMPLOYED FROM/TO WAGE

POSITION HELD DUTIES REASON FOR LEAVING

3. _____
NAME OF COMPANY CITY/STATE EMPLOYED FROM/TO WAGE

POSITION HELD DUTIES REASON FOR LEAVING

REFERENCES

1. _____
NAME HOME PHONE WORK PHONE YEARS ACQUAINTED

2. _____
NAME HOME PHONE WORK PHONE YEARS ACQUAINTED

3. _____
NAME HOME PHONE WORK PHONE YEARS ACQUAINTED

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE _____ SIGNATURE _____