

WORCESTER RESTAURANT GROUP

FRONT OF HOUSE APPLICATION

WHICH RESTAURANT ARE YOU APPLYING FOR?
PLEASE CHECK ALL THAT APPLY.







Position you are applying for		Today's Date	
Name (Last, First, Middle)		Area Code Phone #	
Address	City	State	Zip Code

E-Mail Address: _____

Date of birth (if under 21)	I am applying for a: ___ full time position ___ part time position ___ seasonal position
Social Security Number	

EMPLOYMENT HISTORY

Starting with your present or most recent job, working backward, please account for your employment history

Employer's Name Address, Phone #	From (mo/yr)	To (mo/yr)	Your Position	Supervisor	Wage	Reason for leaving
	/	/				
	/	/				
	/	/				
	/	/				

EDUCATIONAL HISTORY

School	Name and Location	Select Highest Grade Completed	Type of Deg./Certificate	Date of leaving
High/ Trade		9 10 11 12		
College / Post Grad		1 2 3 4		

GENERAL INFORMATION

Have you ever applied to The Sole Proprietor, One Eleven Chop House or VIA before?	Yes___ No___										
Have you ever been interviewed by The Sole Proprietor, One Eleven Chop House or VIA?	Yes___ No___										
If hired, what date can you start work?											
When are you available to work?											
<table border="1"> <tr> <td>Sundays</td> <td>Weekdays</td> <td>Week nights</td> <td>Weekends</td> <td>Holidays</td> </tr> <tr> <td>Yes___ No___</td> <td>Yes___ No___</td> <td>Yes___ No___</td> <td>Yes___ No___</td> <td>Yes___ No___</td> </tr> </table>	Sundays	Weekdays	Week nights	Weekends	Holidays	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	
Sundays	Weekdays	Week nights	Weekends	Holidays							
Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___							
If there is a shift you are not able to work, please explain why:											

Please continue on backside

PERSONAL DATA

Are you authorized to work in the U.S.A.? Yes___ No___	Have you participated in an Alcohol Service Awareness Program? Yes___ No___
Have you ever been convicted of a crime? Yes___ No___	If yes, what program?
If yes, what crime and where:	When does your certification expire?
Do you own a car? Yes___ No___	
How will you get to work?	
Do you smoke? Yes___ No___	
Do you have any allergies, physical, or mental ailments that would interfere with the performance of your duties?	

PERSONAL INTERESTS

Hobbies, Interests, or Special Skills:	List any awards or honors you have received:
Extra-Curricular Activities (scholastic or athletic)	List any leadership positions you have held:

HOSPITALITY INSIGHT

Define what hospitality means to you. _____

Where do you see yourself in 1-5 years from now? How do you think this job can help you achieve this goal?

Why do you want to work for the Worcester Restaurant Group? _____

To help us get to know your abilities better, please indicate in each field on a scale of 1-10, 10 being most proficient, your ability in each of the following areas:

Wine Knowledge
 Team Player
 Fine Service Finesse
 Stamina
 Food Knowledge
 Problem Solving
 Plate Carrying Ability

By submitting this application,
I certify that all statements given on this application are correct, and realize that
falsification or misrepresentation of this or another personal record
may result in my discharge.

Signature: _____

Date: _____