

# WORCESTER RESTAURANT GROUP

## KITCHEN 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		1	2	3	4		
Culinary School		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
Have you ever been convicted of a crime?      Yes___ No___	Service Awareness Program?      Yes___ No___
If yes, what crime and where:	If yes, what program?
Do you own a car?      Yes___ No___	When does your certification expire?
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:

## CULINARY & 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?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What personal assets or skills make you uniquely qualified to work in 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:

- |                              |                              |                                |             |
|------------------------------|------------------------------|--------------------------------|-------------|
| ___ Cooking Stations         | ___ Team Player              | ___ Inventory Responsibilities | ___ Stamina |
| ___ Food Knowledge           | ___ Problem Solving          | ___ Ordering Responsibilities  |             |
| ___ Opening Responsibilities | ___ Closing Responsibilities | ___ Prep Work                  |             |

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: \_\_\_\_\_