KOBE HIBACHI STEAK HOUSE **EMPLOYMENT APPLICATION FORM**

Additional Training/Post College

Today's Date_ First Middle Name(Last) Street City State&Zip Code Birthday Cell Phone Email **Desired Position** Rate of Pay Date Available ☐ Full Time □ Part Time ☐ Seasonal/Temporary Referred By **Specify Hours Available** Tue Mon Wed Thu Fri Sat Sun □Walk-In ☐ School/College □Website/Internet □Other___ ☐ Associate(Name)_ Are you at least 16 years old? □Yes \square No Are you at least 18 years old? □Yes \square No If you are under 18, you will be required to provide any state required minor documents if employed. Employment History List your last employer, beginning with your current, most recent position. May we contact your current or last **Employer**? \square No □Yes **Employer** Starting Position Starting Salary Title Last Position Final Salary Address Phone No. Job Responsibilities Supervisor Name Hire Date Term Date Reason For Leaving Professional/Educational References(Do not include relatives or personal friends) Name Phone Address How do you know this person? How long have you known them? Name Phone Address How do you know this person? How long have you known them? Name Phone Address How do you know this person? How long have you known them? Education Graduated Name, City, and State of School Type Courses/Degree High school □Yes $\square No$ College □Yes $\square No$

□Yes

 \square No