



Pop's Diner Co.

2808 Sabre Street
Virginia Beach, VA 23452

PERSONAL INFORMATION				Date	
Name (Last Name First)			Social Security No.		
Present Address	Apt #	City	State	Zip	
Permanent Address	Apt #	City	State	Zip	
Are You 18 Years or Older? Yes ___ No ___		Phone Number ()			

DESIRED EMPLOYMENT					
Position		Date You Can Start		Salary	
Are You Employed Now? Yes ___ No ___		If So, May We Inquire of Your Present Employer?		Yes ___ No ___	
Ever Applied To This Company Before? Yes ___ No ___		Where?		When?	
Ever Worked For This Company Before? Yes ___ No ___		Where?		When?	
Reason For Leaving					
Name of Last Supervisor At This Company?					
Who Referred You To Pop's Diner Co.? ___ Employment Agency ___ Newspaper ___ Friend					
___ State Employment Office ___ College Placement ___ Walk In ___ Other					

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	YEARS?	GRADUATE?	SUBJECTS STUDIED

GENERAL
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT FIRST.

Name of Present or Last Employer				
Address		City	State	Zip
Starting Date		Leaving Date		Job Title
Weekly Starting Salary		Weekly Final Salary		May We Contact Your Supervisor?
Name of Supervisor		Title	Phone	
Description of Work				
Reason for Leaving				

Name of Present or Last Employer				
Address		City	State	Zip
Starting Date		Leaving Date		Job Title
Weekly Starting Salary		Weekly Final Salary		May We Contact Your Supervisor?
Name of Supervisor		Title	Phone	
Description of Work				
Reason for Leaving				

Name of Present or Last Employer				
Address		City	State	Zip
Starting Date		Leaving Date		Job Title
Weekly Starting Salary		Weekly Final Salary		May We Contact Your Supervisor?
Name of Supervisor		Title	Phone	
Description of Work				
Reason for Leaving				

PERSONAL REFERENCES

Below, Give the Names of Three Persons You are Not Related To, Whom You have Known for At Least 1 Year

Name	Address	Business	Years Acquainted
1			
2			
3			

SERVICE RECORD

Branch of Service	Discharge Date Rank

Have You Been Convicted of A Felony within the Last 5 Years?	Yes _____ No _____
If Yes, Explain. (Will Not Necessarily Exclude You From Consideration)	

AUTHORIZATION

" I Certify that the facts contained n this application are true and complete to the best of my knowledge and understand that, if employed with Pop's Diner Co., falsified statements on this application shall be grounds for dismissal.

I authorize Pop's Diner Co. for investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

DATE

SIGNATURE



Pop's Diner Co.
Applicant Questionnaire/Notes Page

FOR OFFICE USE ONLY

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

HIRED (DATE) FOR DEPT	FOR POSITION	
SALARY WAGES	WILL REPORT	
APPROVED 1	EMPLOYMENT MANAGER	DATE
APPROVED 2	AREA MANAGER	DATE
APPROVED 3	GENERAL MANAGER	DATE