Team-Stanello's

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Stanello's ITALIAN RESTAURANT

Date			
Name First Middle Last			**Social Sec. #** - -
Address Street City State/Zip		**How Long?**	**Telephone #**
Permanent Address (If Different From Above)			**Date of Birth**

List Activities That May Interfere With Attendance

Have You Ever Applied To Stanello's Before? ❑ Yes ❑ No	**How Were You Referred To Us?**

Type Of Employment Desired ❑ Permanent ❑ Temporary ❑ Full Time ❑ Part Time		**Date Available To Start**
Position Desired	**First**	**No. Of Years Experience**
	Second	**No. Of Years Experience**

Employment Experience

	MO	Day	YR	Employer's Name, Address & City	Supervisor	Your Position & Salary	Reason For Leaving
From							
To							
From							
To							
From							
To							

Personal References

Name	Address & Phone Number	Occupation

I authorize investigation of all statements contained in this application for employment. I understand that misrepresentation or omission of facts called for hereon will be sufficient cause for cancellation of consideration of employment or dismissal from Stanello's service if I have been employed. I understand that employment is subject to a physical examination in which health is found to be satisfactory to the company. I understand that if I am employed, a certified birth certificate of other evidence of birthplace and citizenship is required.

Signature _____ Date Signed _____

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