



MINI PITA MEDITERRANEAN CAFÉ

1019 West State Road 84
Fort Lauderdale, FL 33315
954-451-5118

2555 East Atlantic Blvd
Pompano Beach, FL 33065
954-532-9595

ABOVE DRAW A CIRCLE AROUND THE LOCATION YOU PREFER

APPLICATION FOR EMPLOYMENT

DATE: _____

POSITION APPLYING FOR: _____ PART-TIME FULL-TIME

HOW DID YOU FIND OUT ABOUT THIS JOB: _____

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIPCODE: _____ PHONE NUMBER: _____

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

PLACE OF BIRTH: _____ GENDER: _____

IF HIRED, DO YOU HAVE A RELIABLE FORM OF TRANSPORTATION TO GET TO WORK? _____

DRIVERS LICENSE NO.: _____ STATE OF ISSUE: _____

DATE OF ISSUE: _____ DATE OF EXPIRATION: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? _____

(Proof of U.S. citizenship or immigration status is required if hired by the company.)

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF YES, PLEASE PROVIDE AN EXPLANATION OF THE OFFENSE AND THE NATURE OF THE CASE: _____

ARE YOU A VETERAN? (If yes, provide dates of service.) _____

ARE YOU DISABLED? (If yes, provide disability.) _____

HIGHEST LEVEL OF EDUCATION COMPLETED: _____

ARE YOU CURRENTLY PROVIDING CHILD SUPPORT AND/OR ALIMONY? (If yes, please provide details of wage garnishment.) _____

ARE YOU CURRENTLY EMPLOYED BY A DIFFERENT ESTABLISHMENT? (If yes, please provide name and address of establishment as well as name and contact information of supervisor.) _____

HAVE YOU EVER CLAIMED WORKER'S COMPENSATION? _____ IF YES, WHEN AND EXPLAIN WHY: _____

NAME OF PREVIOUS EMPLOYER: _____

EMPLOYMENT TITLE/POSITION: _____ SUPERVISOR: _____
ADDRESS: _____ PHONE #: _____
PAY RATE: _____ DATE START: _____ DATE END _____
REASON FOR LEAVING: _____

NAME OF PREVIOUS EMPLOYER: _____
EMPLOYMENT TITLE/POSITION: _____ SUPERVISOR: _____
ADDRESS: _____ PHONE #: _____
PAY RATE: _____ DATE START: _____ DATE END _____
REASON FOR LEAVING: _____

NAME OF PREVIOUS EMPLOYER: _____
EMPLOYMENT TITLE/POSITION: _____ SUPERVISOR: _____
ADDRESS: _____ PHONE #: _____
PAY RATE: _____ DATE START: _____ DATE END _____
REASON FOR LEAVING: _____

#1 REFERENCE

NAME: _____ PHONE #: _____
RELATIONSHIP: _____

#2 REFERENCE

NAME: _____ PHONE #: _____
RELATIONSHIP: _____

#3 REFERENCE

NAME: _____ PHONE #: _____
RELATIONSHIP: _____

I CERTIFY THAT ALL ANSWERS PROVIDED ABOVE ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE INVESTIGATION OF ALL INFORMATION PROVIDED FOR MY EMPLOYMENT AS IT MAY BE NECESSARY IN MAKING A DECISION.

SIGNATURE OF APPLICANT

ONCE EMPLOYMENT APPLICATION IS COMPLETED, DROP IT OFF AT EITHER LOCATION (ADDRESSES LISTED ABOVE) OR YOU CAN EMAIL IT TO: SARAHEBAID@GMAIL.COM