



Shogun Japanese Steakhouse Employment Application

Name (First, Middle, Last)		Maiden Name	
Phone Number		Social Security Number	
Address		County of Residence	
Have you ever been convicted of a felony? If so, Please explain on Reverse. YES NO	Are you under 18? YES NO	BIRTHDATE	Legal to work in the United States? YES NO

Position Sought: _____ How did you learn about the position? _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? [] Yes [] No

If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? [] Yes [] No

PREVIOUS ADDRESSES					
Street Address	City	State	County	Zip Code	List Years

EDUCATION				
School Name	Location	Years Attended	Degree	Major

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

AVAILABILITY						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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(Most Recent First.)

1. Employer _____ Job Title _____
 Dates Employed _____ Prior Position Held within Company (if any): _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

2. Employer _____ Job Title _____
 Dates Employed _____ Prior Position Held within Company (if any): _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

3. Employer _____ Job Title _____
 Dates Employed _____ Prior Position Held within Company (if any): _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

REFERENCES				
Name	Phone	Address	Years Known	Relationship
Name	Phone	Address	Years Known	Relationship
Name	Phone	Address	Years Known	Relationship

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date