

IL FORNELLO Restaurant Application for Employment

PERSONAL INFORMATION:

NAME (LAST, FIRST, MIDDLE)	DATE:
PRESENT ADDRESS (STREET, CITY, PROV, POSTAL CODE)	
IL FORNELLO LOCATION WHERE YOU'D LIKE TO WORK	
YOUR PHONE NUMBER (AREA CODE)	Cell #:
STATE NAME AND RELATIONSHIP OF ANY RELATIVES IN OUR EMPLOY	REFERRED BY:

EMPLOYMENT DESIRED:

POSITION:	
DATE YOU CAN START:	SALARY EXPECTATION
ARE YOU NOW EMPLOYED?	MAY WE CONTACT YOUR EMPLOYER?
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?	WHEN?
SCHEDULE AVAILABILITY?	

TELL US ABOUT YOUR EDUCATION:

FORMER EMPLOYERS:

DATE, MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

IN CASE OF EMERGENCY NOTIFY: _____

ADDRESS: _____ PHONE: _____

When completed, Email this Application Form to JoinOurTeam@ilfornello.com