

Desired chef position	
Status Sought	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Salary Desired (US\$)	
When will you be available	
Any Requirement	
What would be the best way and time to contact you?	<input type="checkbox"/> Call <input type="checkbox"/> E-mail

<Personal Information >

Name	
S/S No.	
Address	
Tel No.	
Fax No.	
E-mail	
Do you have a Food Handler Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No Exp. Date
Are you authorized to work for any company in the US ? <small>(Proof of identity and legal authority to work in the U.S. is a condition of employment)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least age 18 <small>(Proof of age and work permits may be required prior to hiring )</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime other than traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>(Note : Please exclude misdemeanor convictions for Marijuana related offenses more than two(2) years old; Convictions that have been sealed expunged, or Legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. A conviction is not an automatic bar to employment. Each case will be considered on its own merits)</small>	
<b>If , "Yes" Please explain and state the charge, the court, the date of the conviction, and the disposition of the case</b>	

< Overview & Areas of Expertise >

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< Professional Experience >

Are you presently employed?  Yes  No

May we contact your current employer? \_\_\_\_\_

List your places of employment for at least 5 years, beginning with the most recent

From	To	Employer Name and Address	
Mo./Yr	Mo./Yr	Name :	
		Address :	
Starting Salary	Final Salary	City/State/Zip	
		Supervisor	
Bonus or Commission eligible ?			Phone No.
Job Title & Duties Reason for leaving			

From	To	Employer Name and Address	
Mo./Yr	Mo./Yr	Name :	
		Address :	
Starting Salary	Final Salary	City/State/Zip	
		Supervisor	
Bonus or Commission eligible?			Phone No.
Job Title & Duties Reason for leaving			

From	To	Employer Name and Address	
Mo./Yr	Mo./Yr	Name :	
		Address :	
Starting Salary	Final Salary	City/State/Zip	
		Supervisor	
Bonus or Commission eligible?			Phone No.
Job Title & Duties Reason for leaving			

< Professional Experience >

From	To	Employer Name and Address	
Mo./Yr	Mo./Yr	Name :	
		Address :	
Starting Salary	Final Salary	City/State/Zip	
		Supervisor	
Bonus or Commission eligible?			Phone No.
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Mo./Yr	Mo./Yr	Name :	
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Starting Salary	Final Salary	City/State/Zip	
		Supervisor	
Bonus or Commission eligible?			Phone No.
Job Title & Duties Reason for leaving			

From	To	Employer Name and Address	
Mo./Yr	Mo./Yr	Name :	
		Address :	
Starting Salary	Final Salary	City/State/Zip	
		Supervisor	
Bonus or Commission eligible?			Phone No.
Job Title & Duties Reason for leaving			

< Education & Training >

Name of School, Location for Each School Listed	Course or Major	Years Completed	Graduated		Diploma/Degree Year Received
			Yes	No	

< License/Qualification >

Acquisition Day	Name of Qualifications
Please describe any special skills or qualifications you may have for work.	

< LANGUAGES >

Please list any languages, besides English, that you speak or use.

Language	Level
English	<input type="checkbox"/> Native/Bilingual Proficient <input type="checkbox"/> Full Professional Proficient <input type="checkbox"/> Professional Working Proficiency <input type="checkbox"/> Limited Working Proficiency <input type="checkbox"/> Elementary Proficiency
	<input type="checkbox"/> Native/Bilingual Proficient <input type="checkbox"/> Full Professional Proficient <input type="checkbox"/> Professional Working Proficiency <input type="checkbox"/> Limited Working Proficiency <input type="checkbox"/> Elementary Proficiency
	<input type="checkbox"/> Native/Bilingual Proficient <input type="checkbox"/> Full Professional Proficient <input type="checkbox"/> Professional Working Proficiency <input type="checkbox"/> Limited Working Proficiency <input type="checkbox"/> Elementary Proficiency

< Professional References >

Do not List Personal Contacts or Relatives as Reference

Name and Job Title/Occupation	Company or Address	Phone No.

I verify the truth and accuracy of the statements I have made in this application. I further understand that Company will rely upon the accuracy of these statements in making its hiring decision, and that any false statement or material omission will be grounds for denying or terminating employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_