Pier 88 Boiling Seafood & Bar Employment Application

Programs, services, and employmer reasonable accommodation for the	ase inform us if you requ	nform us if you require Date of Birth: (Mont			n/Day/Year)		
Location:			/ /				
Which location are you applying for:					Position Applied For:		
Full Name:			Are you	over the age	e of 18?	☐ Yes ☐	No
Address:		City:				State	Zip:
Phone: ()		Mobile:			E-mail	:	
Available to Start:	So	cial Security #:	-	-	Salary	Requirement	
If you are under 18 and w	e require a w	ork permit, can	you furnish one?	? [Yes	No	
If no, please explain:							
Are you a citizen of the U	nited States?	☐ Yes	s 🗌 No				
If not, are you legally allo	wed to work	in the United S	tates?	s 🗌 No			
Type of employment desi	red:	Full-Time	Part-Time	Temporary	Seasona	1	
Have you ever pleaded "g		ontest." or beer	n convicted of a c	rime?	. –	No	
If yes, give dates and deta	-						
if yes, give dates and deta	115.						
A	. 1				1	C.1 CC	
Answering "yes" to these nature of the violation, rel	•		-		nployment. L	Pate of the offense	e, seriousness and
	iaoiiitatioii ai	nu position app	ned for will be co	onsidered.			
Availability	Mon	Tue	Wed	Thurs	Fri	Sat	Sunday
Morning			.,				
(11:30 am -5 pm)							
Evenings 2/3 pm – close)							
273 pm – ciose)							
Education							
Name & Address of School			Course of Study		ears pleted	List of Degrees	Graduated Yes/No
Name & Au			Ciday	33/11	pictod	Dograes	103/140
High School							

College/University

Technical or Vocational School

References

Name/Relationship	Addre	ss/Phone	Business	Years Acquainted					
1									
2									
3									
Previous Employme	ent (begin w	rith most recen	t position):						
Dates of Employment: From _	/ /	То / /	Position(s) Held:						
Firm:									
Phone: ()									
· · · · · · · · · · · · · · · · · · ·	-								
	Ending Salary & Title								
Reason for Leaving:									
May we contact this employer									
Dates of Employment: From									
Firm:									
Phone: () Responsibilities:	-		Tiue:						
		Ending Salary	& Title						
Reason for Leaving:									
May we contact this employer \Box	Yes								
I certify that my answers are true and	complete to the best o	of my knowledge. I authori	ze vou to make such inve	stigations and					
inquiries of my person, employment,	•	, .	•	e e					
I hereby release employers, schools or									
In the event I am employed, I understa			_						
discharge.			y 11	· / •					
Signature of Applicant::			Date:						