



Little Orchids Kitchen & Bar

www.littleorchidsknb.com

Employment Application – Rev.00

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ Email: _____ Do you have adequate transportation to and from work during our hours of operation? _____
 Date Available: _____ Social Security No.: _____ Expected Hourly Pay Rate: \$ _____

Position Applying For: Server, Host/Hostess, Bartender, Cook/Line Cook, Dishwasher, Busser 1st Choice: _____ 2nd Choice: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
 Have you ever worked for this company? YES NO If yes, when? _____
 Have you ever been convicted of a felony? YES NO

Being on your feet for 6-8 hours at a time is a requirement for all positions at LITTLE ORCHIDS. Are you willing and able to comply with this requirement? YES NO

2) Up to 50 lbs. of lifting several times a day is an essential function for all positions at LITTLE ORCHIDS. Are you able to comply with this requirement? YES NO

3) At Little Orchids, we do not tolerate drug use by employees. Are you willing and able to comply with this requirement? YES NO

4) At Little Orchids, we do not permit our employees to smoke in operating areas. Are you willing and able to comply with this requirement? YES NO

5) We may need to train on days that you have other obligations. Are you willing and able to reschedule your plans to come to training? YES NO

6) What commitments do you have or anticipate that may affect your schedule here at Little Orchids?

7) Are you willing to work flexible hours (including weekends) and holidays? YES NO

8) Please indicate below any days or hours that you will be unable to work for Little Orchids.

Unavailable	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

9) Please indicate the minimum and maximum hours that you desire to work. _____

10) How long would you like to remain with us if you were offered a position? _____

11) Little Orchids has specific requirements for personal appearance for all staff members; clean and proper work apparel, no excessive jewelry or makeup, and fine hygiene. Are you willing and able to comply with this requirement? YES NO

12) How many jobs have you had in the past year? _____ Past two years? _____

MISCELLANEOUS

13) Please indicate your level of knowledge of Asian Cuisine on a scale of 0 – 10 (0 being no knowledge and 10 being an expert). Be honest! Also, what is your favorite Asian inspired dish? _____

14) Please indicate your experience with POS systems and what kind of terminals you have used. _____

15) Please indicate your level of knowledge of drinks, cocktails, & wine. _____

16) What kind of experience & training have you done that makes you an ideal person for the position that you are applying for? _____

Education

High School: Address:
From: To: Did you graduate? YES NO Degree:

College: Address:
From: To: Did you graduate? YES NO Degree:

References

Please list two PROFESSIONAL references.

Full Name: Relationship:
Company: Phone: ()
Address:

Full Name: Relationship:
Company: Phone: ()
Address:

Previous Employment

Current or Most Recent Employer: Phone: ()
Address: Supervisor:
Job Title: Starting Salary: \$ Ending Salary: \$
Responsibilities:
From: To: Reason for Leaving:
May we contact your previous supervisor for a reference? YES NO

Previous Employer: Phone: ()
Address: Supervisor:
Job Title: Starting Salary: \$ Ending Salary: \$
Responsibilities:
From: To: Reason for Leaving:
May we contact your previous supervisor for a reference? YES NO

EMERGENCY CONTACT INFORMATION

Contact Name: Phone:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____