



Employment Application

Official Use Only

What the Pho! Inc. is an Equal Opportunity Employer (EOE). All information in this application will be considered to find qualified applicants, and will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal laws. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

date rcv'd: _____

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE ALL INFORMATION REQUESTED

Social Security No. _____ - _____ - _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long at address? _____ Contact #: () _____ Alternate contact info: _____

How did you hear about us? _____

Have you applied to What the Pho! before? No Yes, dates & locations: _____

Have you worked at What the Pho! before? No Yes, dates & locations: _____

Are you at least 21 years of age? Yes No, current age: _____ & birthdate: ___/___/___

Are you legally eligible to work in the U.S.? Yes No

Do you have a valid driver's license? Yes No

What are your means of transportation to work? _____

Are you proficient in another language besides English? No Yes, language(s): _____

Have you ever been convicted of a crime? No Yes
 (Note: Answering will not limit your employment eligibility)

If yes, please explain: _____

Location(s) applied for: _____

Position(s) applied for (1) _____
 and salary desired (2) _____
 (Be specific) (3) _____

How many hours can you work weekly? _____

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Date available to start: _____ Can you work nights and/or weekends? _____

Potential scheduling conflicts? _____

Days & hours available to work:

Mon _____ Wed _____ Fri _____

Tue _____ Thu _____ Sat _____

No Pref _____ Sun _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City, State)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

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Work experience

Please attach a resume OR list your work experience for the **past three years**, beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer: City, State: Phone number:	Name of last supervisor	Employment dates	Pay or salary
	OK to contact? Y / N	From:	Start:
		To:	Final:
Your last job title:			
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer: City, State: Phone number:	Name of last supervisor	Employment dates	Pay or salary
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I certify the information contained in this application is true and complete. I understand false information may be grounds for immediate termination of employment at any point. I authorize the verification of any or all information listed above.

Applicant's Signature: _____

Date: _____