

Sunrise Grill
3830 Washington Road Suite 10
Martinez, Ga 30907
(706) 228-4883

Sunrise Grill
404 E. Martintown Rd. Suite 4
North Augusta, S.C. 29841
(803) 202-9898

Application for Employment

Please fill out entire form

Name: First _____ Mi _____ Last _____

Address: _____

City _____ State- _____ Zip _____

Home Phone: _____ SS# _____ - _____ - _____ DOB: _____

Cell Phone: _____ Email Address: _____

If you are under 18 years of age, could you furnish a work permit? Yes _____ No _____

RESTAURANT EXPERIENCE: Please check all that apply

Management Bartender Cook Bus / Dishwasher Cashier
 Waiter / Waitress Host / Hostess Catering Bookkeeping
 Other (Please specify) _____

Position applying for _____

Reason for applying at Sunrise Grill _____

Are you currently employed? Yes No May we contact your employer? Yes No

Can you work weekends and holidays at 6 am? Yes No

Do you have a vehicle? Yes No

What are your domestic obligations? _____

Have you been convicted of a felony in the past seven years? Yes No

If yes, explain: _____

Availability – List hours below that you are able to work.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From – To	From – To	From – To	From – To	From – To	From – To	From - To

References: (List the names of three persons not related to you, who have known you more than three years)

Name	Address	Occupation	Phone
1			
2			
3			

EDUCATIONAL BACKGROUND	Yrs Completed	Diploma / Degree	Subjects Studied
High School			
College			
Trade / Business			
Vocational School			
Employment History			
Name of employer:			Phone
From	To	Job Title	
Describe your duties			
Reason for leaving			
		Starting Pay	Ending Pay
Name of employer:			Phone
From	To	Job Title	
Describe your duties			
Reason for leaving			
		Starting Pay	Ending Pay
Name of employer:			Phone
From	To	Job Title	
Describe your duties			
Reason for leaving			
		Starting Pay	Ending Pay

“I certify that all the information submitted by me on this application form is true and complete. I authorize investigation of all statements contained on this application form and permit this organization to obtain any transcripts, records, or documents pertaining to my education background or business experience. I understand that any false information, omissions, or representations are discovered, my application may be rejected or if I am employed, my employment may be terminated at any time. If any employment relationship is established, I understand I retain the right to terminate my employment at any time and that this organization retains the same right. I also understand that the terms of my employment can be changed at any time, with or without cause or notice, by this organization. I also understand that I am required to abide by all rules and regulations of this employer.”

Signature _____ Date _____