



# Gargiulo's Tinton Falls

732-389-9100 | 720 Tinton Ave, Tinton Falls, NJ 07724

## Employee Application

Date of Application \_\_\_\_\_

### General Information

<b>Name</b> Last _____ First _____	<b>Phone</b> _____	<b>Birthday</b> _____
<b>Address</b> Street _____ City _____ State _____ ZIP _____		
<b>Email Address</b> _____	<b>Are you lawfully entitled to work in the US?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Desired Position(s)</b>  <input type="checkbox"/> Busboy/ Food Runner <input type="checkbox"/> Server <input type="checkbox"/> Bartender <input type="checkbox"/> Front of House <input type="checkbox"/> Valet <input type="checkbox"/> Porter <input type="checkbox"/> Maintenance	<b>Are you physically able to perform the essential functions of the position you are applying to with little to no accommodations? Including being able to lift up to 20 lbs?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Availability

<b>When would you be available to start?</b>			<input type="checkbox"/> Part-time _____ hr/week	<input type="checkbox"/> Full-time		
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM
Would you be interested in being "on call" for occasional work? <input type="checkbox"/> Yes <input type="checkbox"/> No						

### Employment History

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", may we contact current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously worked in the service industry before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously worked at Gargiulo's Restaurant? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Please continue onto the back →</b>

**Please list previous employment:** (must include at least 2 references)

Company Name	Dates Worked From	Name of Supervisor & Contact Number	May we contact for reference?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Education**

	Dates Attended:		
High School			
College			
Other			

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Interviewer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Date Hired:

Employee Code:

I-9

W-4

DL

ID