Application for Employment

•	TODAY'S DATE



▶ Personal Information Fields in hold are required

REET ADDRESS			
·y			APARTMENT /UNIT#
•		STATE	ZIP
ONE AMINABED	SAAAH ADDDECC		
ONE NUMBER	EMAIL ADDRESS		
ow would you prefer to be contacted	d for an interview? O PHONE	○ EMAIL	
ow long have you been at your curre	ent address?		
you hold a valid driver's license?	YES NO STATE OF ISSUE	E	
you have reliable transportation to	and from work?		
e you at least eighteen years old?	YES NO		
re you a US citizen 🔘 YES 💢 No	o		
or are you authorized to wo	rk in the US? YES ON	0	
ave you ever been convicted of a felo	ony? Oyes Ono		
If yes, explain			
re you able to lift 50lbs? YES	ONO		
osition Sought			
hat position are you seeking?	SALES DELIVERY KITCH	HEN EVENT STAFF	
nployment Desired?		CULL OR PART TIME ON	CALL
ould you be available to work nights		ONO	
ould you be available to work early		YES ONO	
hen are you available to start?			
re you currently employed?	S O NO		
ave you been employed with or appl	ied for employment with this (company before?	YES ONO
ST ANY FRIENDS OR RELATIVES WHO WORK FOR THE CO	ΣΝΑΦΑΝΥ∙		
MANIFALINGS ON RELATIVES THIS TROUBLES	NVIENUT.		

▶ Education

HIGH SCHOOL NAME			ADDRESS	ADDRESS			
YEARS COMPLETED MAJOR AND DEGREE							
BUSINESS OR TRADE SCHOOL NAME			ADDRESS	ADDRESS			
YEARS COMPLETED MAJOR AND DEGREE							
COLLEGE NAME			ADDRESS	ADDRESS			
YEARS COMPLETED	MAJOR AND DEGREE						
Work Experience Please	start with your most	current job he	COMPANY ADDRESS				
СІТУ		STATE	ZIP	PHONE OF EMPLOYER			
SUPERVISOR		MAY WE CONTACT YOUR SUPER	RVISOR				
EMPLOYMENT DATES: FROM TO			RATE: START: \$	END: \$			
REASON FOR LEAVING							
JOB TITLE AND DESCRIPTION OF DUTIES							
COMPANY NAME			COMPANY ADDRESS				
CITY		STATE	ZIP	PHONE OF EMPLOYER			
SUPERVISOR			MAY WE CONTACT YOUR SUPERVISOR YES NO				
EMPLOYMENT DATES: FROM TO			RATE: START: \$	END: \$			
REASON FOR LEAVING							
JOB TITLE AND DESCRIPTION OF DUTIES							

COMPANY NAME			COMPANY ADDRESS			
CITY		STATE	ZIP		PHONE OF EMPLOYER	
		SIAIE	ZIF		PHONE OF EMPLOYER	
SUPERVISOR			MAY WE CONTACT YOUR SUP	PERVISOR		
			YES NO			
EMPLOYMENT DATES: FROM	то		RATE: START: \$		END: \$	
REASON FOR LEAVING						
JOB TITLE AND DESCRIPTION OF DUTIES						
Job Skills						
Comments						
Comments						
Poforonos al line de						
References Please list at least	two professional r	eferences we can c	ontact			
FULL NAME			POSITION			
COMPANY NAME					PHONE	
FULL NAME			POSITION		,	
COMPANY NAME					PHONE	
FULL NAME			POSITION			
COMPANY MANAGE					BUONE	
COMPANY NAME					PHONE	

BRANCH FROM TO TYPE OF DISCHARGE IF OTHER THAN HONORABLE, EXPLAIN

▶ Application Waiver

I authorize investigation of all statements made in this application. I hereby give Catering by George (the company) permission to contact previous employers (unless indicated otherwise), school, references, and others, and release the company and any individuals/firms it contacts from any liability as a result of these contacts. This application does not constitute a contract of employment or an indication that any jobs are available.

I understand that my employment with the company shall be probationary for a period of 90 days. I also understand that the company follows an "employment at will" policy and may terminate my employment at any time, for any reason, consistent with federal and state laws.

I certify that all the statements I have made on this form, and other information provided by me in the process of applying for this position, are true. I am aware that the misrepresentation or omission of facts on this form is cause for dismissal at any time and without notice.

▶ I agree:	Date:

Please email your completed application to hiring@cateringbygeorge.com or mail to:

ATTN: HIRING
CATERING BY GEORGE
906 N LOOP EAST
HOUSTON TX 77009-1448