



rise soufflé Employment Application

Name:	
Address:	
City, State, Zip	
Phone:	Last 4 digits of SS#

Email address: _____

What Rise location are you applying to? _____

What Position are you applying for? _____

How did you hear about us? _____

Availability (These are days you **CAN** work)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lunch							
Dinner							

Education

Name of School	Subjects Studied	Years Attended	Did you Graduate?
High school			
College			
Other			

Are you of legal age to sell alcoholic beverages? No Yes

Are you TABC Certified? No Yes

Employment History

(Most recent job first)

Employer:	Dates: From To:
Position:	Rate of pay:
Duties:	Supervisor:
Reason for leaving:	Phone #:
	Location:

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Position:	Rate of pay:	
Duties:	Supervisor:	
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Have you read the complete Job Description for the position you are applying for?

No Yes

Can you complete all of the task listed in the job description?

No Yes

Have you ever been convicted of a felony?

No Yes

If yes, please explain: _____

Emergency Contact Information

Name: _____

Phone #: _____

Address: _____

"I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. I understand that all such information is subject to verification by the Company, and hereby give my consent to the Company to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. I agree to undergo any type of drug and/or alcohol testing that the Company may require at any time. Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or the Company may terminate my employment at any time, with or without notice or reason."

Signature: _____

Date: _____