



EMPLOYMENT APPLICATION

Date of Interview
(Month/Day/Year): ____/____/____

An Equal Opportunity Employer. Reasonable accommodation will be provided as required by law.

Please fill out this application using Adobe Reader, or print and fill out in pen and submit your completed application via email (careers@khayatenterprises.com) or in person.

Application Date		How were you referred to us:				
Last Name		First Name		Middle Initial	Social Security Number	
Street Address		City/State		Zip Code	Phone Number	Email
If hired, can you provide evidence of legal eligibility to work in the U.S.?		☐ Yes ☐ No		Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.		
Position Desired:		Wage/Salary Desired:		Full-time Part-time Temporary		
Date you can begin work?		If you are under 18 years of age, can you provide a work permit? ☐ Yes ☐ No If no, please explain:				
Have you ever worked for any of our restaurants?		Yes No If yes, which?		Have you ever pleaded guilty, no contest or been convicted of a crime?		Yes No
Name of high school attended:		City/State		Graduate?	GED?	
Name of college or technical school:		City/State		Degree?	Major:	
Are you presently enrolled in school? ☐ Yes ☐ No		If yes, give name & address of school and expected degree date:				
List any job-related skills or accomplishments, including military service:						

- YOUR AVAILABILITY FOR WORK -

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:		Do you have any special requests or needs for a work schedule?					

- REFERENCES -

- Provide Three References Who Are Not Former Employers Who We May Contact -

Name and Occupation	How do you know them, and for how long?	Phone Number

- YOUR EMPLOYMENT HISTORY -

List names of employers with present or last employer listed first.

May we contact these employers before you are offered a position?	☐ Yes ☐ No
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Name of Employer:	Job Title:	Dates of Employment: From: To:
Address:	City, State, Zip Code	Duties:
Supervisor:	Telephone:	Reason for Leaving:
		Starting pay: Ending pay:

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I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all the statements contained here in and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.

Signature of Applicant: _____
(skip this if you are submitting this application online)

Date: _____