



GENERAL INFORMATION

Full Name: _____ Date: _____

LAST FIRST MIDDLE

Address: _____
STREET ADDRESS APT / UNIT #

CITY STATE ZIP CODE

Phone #: () HOME MOBILE E-Mail: @

Position: _____ Date Available: _____ Desired Salary: \$ HR/YR

Job Type: Full Time Part Time Seasonal (Circle One): Summer / Winter Other: _____

Availability:

	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM							
TO							

(Hourly)

Are you at least 18 years of age? YES NO *If No, you may be required to provide a work permit upon hire.*

Are you a citizen of the United States of America? YES NO *If No, are you authorized to work in the U.S.?* YES NO

Have you ever worked for this company? YES NO *If Yes, when and where?* _____

Have you ever been convicted of a felony? YES NO *If Yes, please explain:* _____

EDUCATION

High School: _____ Address: _____

Have you graduated? YES NO Degree: _____

College: _____ Address: _____

Have you graduated? YES NO Degree: _____

Other: _____ Address: _____

Have you graduated? YES NO Degree: _____

REFERENCES

Full Name: _____ Relationship: _____

Company: _____ Phone: () WORK OTHER

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () WORK OTHER

Address: _____

PREVIOUS EMPLOYMENT

Company: _____ Phone: (_____) WORK
OTHER
Address: _____ Supervisor: _____
From: _____ To: _____ Starting Salary: \$ _____ HR/YR Ending Salary: \$ _____ HR/YR
Job Title: _____ Responsibilities: _____

Reason for Leaving: _____ May we contact this employer? YES NO

Company: _____ Phone: (_____) WORK
OTHER
Address: _____ Supervisor: _____
From: _____ To: _____ Starting Salary: \$ _____ HR/YR Ending Salary: \$ _____ HR/YR
Job Title: _____ Responsibilities: _____

Reason for Leaving: _____ May we contact this employer? YES NO

DISCLAIMER

The Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia, E. coli, and campylobacter may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling and serving food, food service equipment and utensils in a sanitary and healthy fashion. Is there any reason why you cannot perform the essential functions of this job?

YES / NO

If YES, please explain: _____

1. I certify that I have read and fully completed all three (3) pages of this application and that the information contained in this application is correct to the best of my knowledge. I understand that any omission or erroneous information is grounds for dismissal in accordance with Nami Ramen's policy.
2. I authorize the reference(s) listed in this application to provide any and all information concerning my previous employment as well as pertinent information they may have, personal or otherwise. I release all parties from all liabilities for any damages that may result from furnishing the aforementioned information.
3. I acknowledge that Nami Ramen reserves the right to amend or modify the policies in its Employee Handbook as well as other Nami Ramen policies at any time, without prior notice. These policies do not create any promise(s) or contractual obligation(s) between Nami Ramen and its employee(s). At Nami Ramen my employment is at-will. This means I am free to terminate my employment at any time or for any reason, with or without cause. Nami Ramen also retains these same rights.

Nami Ramen is an Equal Opportunity Employer. Various federal, state, and local laws prohibit discrimination on account of sex, gender, race or color, national origin, ancestry, sexual orientation, pregnancy, citizenship status, age, religion, disability or medical condition, marital status or military status. It is Nami Ramen's policy to fully comply with these laws, as applicable. The information requested in this application will not be used for any purpose(s) prohibited by the law.

SIGNATURE

SIGNATURE

DATE

1. Why did you choose to apply for a position with Nami Ramen

2. What are a few of your personal values and how will they help you at Nami Ramen

3. How would you handle a disagreement with a customer over the amount charged?

4. You are asked to extend your shift but you have a personal conflict. What would you do?

namiramen@gmail.com

Thank you! Please turn in your application to a store manager, and we will e-mail you a confirmation.