

Date of Application

EMDI OVMENIT

EMPLOYMENT	Position Cashier Supervisor
APPLICATION	Applying For: Cook Restaurant Manager
APPLICANT INFORMATION	
AFFEICANT INFORMATION	
	Home Phone: ()
Last Name First Na	ame Middle Middle
Street:	Other /
Ch. (C)	Phone: ()
City/State:Social Security Number	Email Address:
Are you over the age of 18? Yes No	Do you have the legal right to remain and work in the United Sates? Yes No
After employment can you submit proof of citize	nship or legal entry into this country? Yes No
Have you ever been convicted of a Felony?	Yes No If Yes, explain:
	in res, explain.
How were you referred to Happi House?	Have you ever worked for Happi House Restaurants, Inc. before?
Advertisement Friend or Relative	If yes, when? where?
Being a Other	Names of friends or relatives
Customer	working for Happi House:
WORK SCHEDULE AVAILABIL	ITY
MILL	Date you are available to start work:
Which Happi House location(s) 5th & are you willing to work at?	
McKee	e Rd. Almaden Plaza Mountain View
List hours available for work:	Salary desired:
AM TUE WED	THU FRI SAT SUN \$
AW	
PM	How will you get to work?
obs at Happi House will have hours that will vary fro	om time to time and the position is dependent upon your being flexible in the hours you can work
EDUCATION & U.S. MILITARY	SERVICE
Circle last grade completed: Grade: 5	6 7 8 High School 9 10 11 12 College 1 2 3 4
Name of last school attended:	City/State:

Special skills and/or training: __ Have you ever served in the United Sates Military? Yes No Branch: ____ _____ Rank at discharge: _____ Month/Year: ___ _ Month/Year: _ Are you subject to annual active duty training? Yes No Draft Status: __

EMPLOYMEN.	I HISTORY	List previ			n iast en	ipioyeri	11136.			
						Date	es of Employ FROM	yment:		то
Employer		Address				M		Year	Month	Year
						_ Cald	any History:			
Your Title/Position		Supervisor's Name				l l	ary History: TARTING SAL	LARY	ENDI	NG SALARY
Your Duties						— \$		-	- \$	
							y we conta s employer		Yes	No
Reason for Leaving										
						Date	es of Employ FROM	yment:		то
Employer		Address				M	lonth \	Year _	Month	Year
Your Title/Position		Supervisor's Name					ary History:			
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Your Duties						\$			- \$	
Reason for Leaving							y we conta s employer		Yes	No
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MEDICAL & E	MERGENCY	CONTACT								
Do you have any physic	cal condition that m	ay limit your abilit	y to do the jo	b applied fo	r? Ye	es N	lo			
					d you agree t	o take a phy	ysical exam	nination?	Ye	s No
In case of emergency,	notify:			Would				nination?	Ye	s No
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