

50265 VAN DYKE AVE SHELBY TOWNSHIP, MI 48317

PHONE: (586) 731-8220 FAX: (586) 731-2303

EMAIL: <u>INFO@SHELBYGARDENS.COM</u>
WEBSITE: <u>WWW.SHELBYGARDENS.COM</u>

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Application information

| Full name: | | | | Date: | |
|------------------|------------------------------|-----------------------------|--------------|---------------|-------------|
| | Last | First | M.I. | _ | |
| Address: | | | | Phone: | |
| | Street add | ress | Apt/Unit # | _ | |
| | | | | Email: | |
| | City | State | Zip Code | | |
| | | Please answer the followi | ng questions | <u>.</u> | |
| What position(s) | are you applying for? Coo | k Waitstaff | Front Office | Dishwasher | Head Server |
| What Special Qu | alifications do you have? | | | | |
| | | | | | |
| Are you 18 years | s of age of older? Yes or No | o ? If No. Please Provide t | he Following | Information: | |
| , , | | Parent Name: | | | |
| | | raichertaine. | | raicher none. | |
| Education | | | | | |
| High school: | | Address: | | | |
| | | | | | |
| From: | To: | Did you graduate? | Yes □ | No □ Diploma: | |
| College: | | Address: | | | |
| | | | | | |
| From: | To: | Did you graduate? | Yes □ | No □ Degree: | |
| Other: | | Address: | | | |
| oulei. | | | | | |
| From: | То: | Did you graduate? | Yes □ | No □ Degree: | |

Previous Employment

| Company: | Phone: | | |
|--|---------------|------|-----|
| Address: | Supervisor: | | |
| Job title: | From: | | To: |
| Responsibilities: | | | |
| May we contact your previous supervisor for a reference? | Yes □ | No □ | |
| | | | |
| Company: | Phone: | | |
| Address: | Supervisor: | | |
| Job title: | From: | | To: |
| Responsibilities: | | | |
| May we contact your previous supervisor for a reference? | Yes □ | No □ | |
| Deference | | | |
| References Please list three professional references. | | | |
| Full name: | Relationship: | | |
| ruii name. | Relationship. | | |
| Company: | Phone: | | |
| Address: | Email: | | |
| | | | |
| Full name: | Relationship: | | |
| Company: | Phone: | | |
| Address: | Email: | | |
| | | | |
| Full name: | Relationship: | | |
| Company: | Phone: | | |
| Address: | Email: | | |

Please Return Application to the Office, Email, Fax or Mail Form