

Spicy Ginger Asian Cafe
 8806 Bandera Rd. Ste 101
 San Antonio, TX 78250

APPLICATION FOR EMPLOYMENT

NAME (Last, First, Middle)		NAME YOU WISH TO BE CALLED				
STREET ADDRESS		HOW LONG?	SOCIAL SECURITY NUMBER			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER () -			
JOB INTERESTS						
POSITION DESIRED		WAGE DESIRED	DATE YOU CAN START	REFERRED BY		
HAVE YOU EVER WORKED FOR US BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> DATE		HAVE YOU FRIENDS OR RELATIVES WORKING FOR US? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, WHOM?		
PERSONAL DATA						
ARE YOU OVER THE AGE OF 16? YES <input type="checkbox"/> NO <input type="checkbox"/>		CITIZEN OF UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>		DRIVING LICENSE NUMBER:		
WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? READ WRITE			DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IN CASE OF EMERGENCY NOTIFY: NAME:			ENTER ALIEN REGISTRATION NUMBER OR WORK PERMIT NUMBER: (IF APPLICABLE)			
ADDRESS		TELEPHONE NUMBER () -				
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, DESCRIBE NATURE OF CRIME, DATE AND PLACE OF CONVICTION, AND DISPOSITION OF CASE.						
EDUCATIONAL HISTORY						
TYPE OF SCHOOL	NAME OF SCHOOL	CITY AND STATE	MAJOR	CIRCLE NO. OF YRS. COMPLETED	TYPE OF DEGREE	LAST YRS ATTENDED
HIGH SCHOOL				9 10 11 12		
COLLEGE				1 2 3 4		
OTHER				1 2 3 4		
MEDICAL HISTORY						
DO YOU HAVE ANY PHYSICAL AILMENTS OR DISABILITIES WHICH KEEP YOU FROM PERFORMING CERTAIN TYPES OF WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>				IF YES, DESCRIBE LIMITATIONS		
DO YOU HAVE ANY RESTRICTIONS ON YOUR LIFTING ABILITIES DUE TO A BACK INJURY OR OTHER PHYSICAL CONDITION? YES <input type="checkbox"/> NO <input type="checkbox"/>				IF YES, DESCRIBE LIMITATIONS		
HAVE YOU HAD AN ILLNESS OR INJURY IN THE PAST FIVE YEARS WHICH REQUIRED MEDICAL TREATMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>				IF YES, DESCRIBE.		
MILITARY HISTORY						
HAVE YOU SERVED IN THE UNITED STATES ARMED FORCES? YES <input type="checkbox"/> NO <input type="checkbox"/>		FROM	REASON FOR LEAVING			
TITLE/DUTIES		TO	NAME OF IMMEDIATE SUPERVISOR			

An equal opportunity employer.