

For Office Use Only  
Employee #

# Application for Employment

**LITTLE RED WASP**  
**KITCHEN + BAR**

An equal opportunity employer

Personal Information				
Last Name	First Name	MI	Today's Date	
Street Address	Apt.	City	State	Zip
Email Address	Cell Phone		Last 4 digits of SS#	
	Cell Carrier			

Employment Desired								
Position	Hours per Week	Have you applied here before?			When?			
Available Start Date	Availability - Please fill in AM/PM	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Are you under 21? If you are under 21, list birth date		Have you ever been convicted of a felony? If yes, explain						

Education				
Name and Location of School	Number of Years	Graduate?	Subjects Studied	
High School				
College				
Other				

Employment (Most recent job listed first)					
From	To	Name and Address of Employer	Phone		Position
Start Pay	End Pay	Reason for leaving	May we contact? Yes No		Supervisor
From	To	Name and Address of Employer	Phone		Position
Start Pay	End Pay	Reason for leaving	May we contact? Yes No		Supervisor
From	To	Name and Address of Employer	Phone		Position
Start Pay	End Pay	Reason for leaving	May we contact? Yes No		Supervisor

**Business References**

Name	Relationship	Phone Number	Years Known

**Authorization**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand if employed by Little Red Wasp (LRW), falsified statement on this application shall be grounds for dismissal.

I authorize LRW to communicate with all my former employers, schools, officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I also understand and agree that no representative of LRW has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized LRW representative.

In consideration of my employment, I agree to conform to the rules and regulations of LRW and that my employment and compensation can be terminated at any time, with or without cause, at the option of either the company or myself.

I understand that, as LRW deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for continuation of salary, wages, or employment related benefits.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature \_\_\_\_\_

Date \_\_\_\_\_