



West CCRA, LLC is an equal opportunity employer. All applicants are considered without regard to race, color, religion, sex (including pregnancy), national origin, genetic information, disability, or any other characteristic protected by federal, state, and local laws.

Personal Information				
Last Name, First Name:			Date:	
Street address:		City:	State:	Zip:
Phone number:		Email address:		
Are you over the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you legally eligible to work in the United States? <i>Documentation required if offered employment.</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		Will you now, or in the future, require visa sponsorship for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position				
Position applying for:	Available Start Date:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Total hours per week available to work:
		Temporary <input type="checkbox"/>	Seasonal <input type="checkbox"/>	
List the times you are available to work: Monday: _____ to _____ Tuesday: _____ to _____ Wednesday: _____ to _____ Thursday: _____ to _____ Friday: _____ to _____ Saturday: _____ to _____ Sunday: _____ to _____				
Are you available to work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>	How did you learn about this position? <i>If referred by a current employee, please state their name and job title.</i>		Have you ever been employed by West Steak and Seafood? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any relatives employed by West Steak and Seafood? Yes <input type="checkbox"/> No <input type="checkbox"/>		If you have any relatives employed by West Steak and Seafood, please state their name and job title:		
Education				
Level	Name and Address	Years Completed	Major Studies	Degree/Diploma
High School				
College				
Graduate School				
Vocational, Business, or Other				
Skills & Certifications				
Certifications, specializations, technical skills, and/or other areas of expertise:				
Languages:				

Employment History

List most recent employer first.

1. If current, may we contact this employer? Yes No

Dates employed: _____ to _____	Position title:	Employer name and address:
Supervisor's name and title:	Phone number:	Reason for leaving:

Primary Responsibilities:

2.

Dates employed: _____ to _____	Position title:	Employer name and address:
Supervisor's name and title:	Phone number:	Reason for leaving:

Primary Responsibilities:

3.

Dates employed: _____ to _____	Position title:	Employer name and address:
Supervisor's name and title:	Phone number:	Reason for leaving:

Primary Responsibilities:

4.

Dates employed: _____ to _____	Position title:	Employer name and address:
Supervisor's name and title:	Phone number:	Reason for leaving:

Primary Responsibilities:

References

Provide three professional and/or personal references (not relatives).

Name:	Phone Number:	Email address:	Relationship:	Years known:
Name:	Phone Number:	Email address:	Relationship:	Years known:
Name:	Phone Number:	Email address:	Relationship:	Years known:

Applicant Statement

I understand and agree to the following:

This application is not a contract of employment. Should the employer hire me and should any of the information I have given in this application be found false, misleading, or incomplete, I shall be subject to dismissal. The employer follows an "at will" employment policy, meaning I or the employer may terminate employment at any time for any reason consistent with applicable law. All hired persons must provide proof of identity and authorization to work in the US. Failure to produce such proof will result in denial of employment. I authorize investigation of all statements given on this application. The employer may contact any educational institution, reference, or employer listed on this application, except my current employer if so noted, to verify the information I have given. I hereby release all involved parties from any liability arising from such an investigation. If employed, I hereby agree to abide by all policies and rules of **West CCRA, LLC**. I understand that these policies and rules may be amended or revised by **West CCRA, LLC** at any time.

I certify that all the information given in this application is complete and true.

Applicant Signature

Date

Print Name