



EMPLOYMENT APPLICATION

Date Applied								Referred By			
Name (Last, First)								Address			
City								State, Zip Code			
Phone #								Social Security #			
Have you ever worked under any other name? If Yes, Reason?								If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes _____ No _____			
Position Desired								Salary Desired			
Date You Can Start								Are You Employed Now? YES NO			
Are You Currently in School? YES NO - If yes, where?								Are You Over 18 Years of Age? If, NOT, how old are you? (Do not answer if you are 18 or over.			
Hours Available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Do you have your food handler certification? YES NO - Illinois law requires that all employees are certified in the 1 st 30 days of employment, if NO, are you willing to become certified? YES NO			
From:											
To:											
Have You Ever Worked At Avanti's Before? YES NO								If So, When and Where?			
Locations You are Willing to Work: Circle All That Apply Rockwood Main Street East Peoria Knoxville Ave. Pekin								Are You Related to Anyone That Works at Avanti's?			
Do You Have a Reasonable Means of Transportation to Get to Work Every Day? Yes _____ No _____								Email Address:			
<u>SCHOOL</u>		<u>Name & Location</u>						<u>Graduate (Yes/No)</u>		<u>Subjects Studied</u>	
Please list any special skills, knowledge, experience or attributes that you possess which you feel Avanti's should consider in reaching an employment decision:											
Why should Avanti's hire you over every other candidate that has applied for a position with us?											
Business Reference (not friends or relatives)				Address				Phone Number		Relationship	

FORMER EMPLOYERS (List in order from most current first)

Name of Employer		
Address		Phone
Date Hired	Date Left	Two Week Notice Given – Yes _____ No _____
Job Title	Supervisor’s Name	
Reason for Leaving		
Name of Employer		
Address		Phone
Date Hired	Date Left	Two Week Notice Given – Yes _____ No _____
Job Title	Supervisor’s Name	
Reason for Leaving		
Name of Employer		
Address		Phone
Date Hired	Date Left	Two Week Notice Given – Yes _____ No _____
Job Title	Supervisor’s Name	
Reason for Leaving		
Name of Employer		
Address		Phone
Date Hired	Date Left	Two Week Notice Given – Yes _____ No _____
Job Title	Supervisor’s Name	
Reason for Leaving		

Applicant’s Statement

Avanti’s is an equal opportunity employer, dedicated to a policy of non-discrimination on any basis including race, color, age, sex, religion, disability, military status, sexual orientation, national origin or any other status protected under local, state or federal law. Consistent with the American’s With Disabilities Act, applicants may request accommodations needed to participate in the application process. I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, falsified statements on this application or in my interview(s) may be grounds for immediate termination and I authorize the investigation of all statements contained herein. I authorize the references and employers listed on this application to provide Avanti’s with any and all information concerning my previous employment and any other pertinent information, personal or otherwise. I further release Avanti’s and all former employers and references from all liability for any damage that may result from use of such information.

I understand and agree that nothing contained in this application or conveyed during the interview process is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be ‘at will’ and without a fixed term, and may be terminated at any time, with or without cause or prior notice, at the option of either myself or Avanti’s. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the company unless it is in writing by the president of Avanti’s. I agree and abide by all company work rules, policies and procedures. The company reserves the right to revise its policies or procedures, in whole or in part, at any time. I hereby acknowledge that I have read and understand the above statements and grant permission to confirm the information supplied on this application by me.

Signed _____ Date _____

Printed Name _____