Rose Garden Thai Cuisine

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE OF APPLICATION:_____

Name: _____
Last First Middle

Address: _____
Street (Apt) City/State Zip

Alternate Address: _____
Street City/State Zip

Contact Information: _____(_____)_____(____)_____
Home Telephone Mobile Telephone Email

Primary language speaking: _____

Secondary language speaking: _____

DOB: ___/___/_____ **Gender:** _____ **Male** _____ **Female**

Position looking for:_____ **Available Start Date:**_____

Desired Pay Range: _____ **Are you currently employed?** _____

How well do you know our kind of food from scale 1-10: _____

AVAILABLE TO WORK

If available any day and any time mark here: ☐

MON	TUE	WED	THU	FRI	SAT	SUN
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:

PREVIOUS EMPLOYER

EMPLOYER	MONTH & YEAR	SALARY	POSITION	REASON FOR LEAVING
	FROM:			
	TO:			
	FROM:			
	TO:			
	FROM:			
	TO:			

Please turn in application at rosegardenthai@hotmail.com or in person. Thank You