

# Tropics

2500 Cranberry Square  
MORGANTOWN, WV 26508

## Employee Application

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

DATE OF BIRTH \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_ PAY DESIRED \_\_\_\_\_

SEEKING EMPLOYMENT                  FULL TIME                  PART TIME

RESTAURANT EXPERIENCE                  YES                  NO

IF YES EXPLAIN \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate the shifts you are able to work by marking "X" in the space below:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
LUNCH							
DINNER							
LATE NIGHT							

HIGH SCHOOL ATTENDED \_\_\_\_\_

YEAR OF COMPLETION \_\_\_\_\_

COLLEGE ATTENDED \_\_\_\_\_

YEARS COMPLETED \_\_\_\_\_

MAJOR/MINOR \_\_\_\_\_

YEAR OF COMPLETION \_\_\_\_\_

PLEASE LIST ANY SPECIAL ABILITIES OR SKILLS YOU HAVE THAT ARE RELATED TO THE POSITION YOU ARE APPLYING FOR:

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**WORK EXPERIENCE:**

PLEASE BEGIN WITH MOST RECENT EMPLOYMENT:

1. NAME OF COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

JOB TITLE \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_

EXPLAIN DUTIES \_\_\_\_\_

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REASON FOR LEAVING \_\_\_\_\_

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2. NAME OF COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

JOB TITLE \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_

EXPLAIN DUTIES \_\_\_\_\_

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REASON FOR LEAVING \_\_\_\_\_

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3. NAME OF COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

JOB TITLE \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_

EXPLAIN DUTIES \_\_\_\_\_

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REASON FOR LEAVING \_\_\_\_\_  
\_\_\_\_\_

4. NAME OF COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

JOB TITLE \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_

EXPLAIN DUTIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_  
\_\_\_\_\_

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL OPPURTUNITY LAWS, IT IS THE COMPANY'S INTENTIONS TO CONSIDER ALL APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, DISABILITY, THE PRESENCE OF NON JOB RELATED MEDICAL CONDITIONS OR ANY OTHER PROTECTED CLASSIFICATION

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_