



**EMPLOYMENT HISTORY**

*Please list starting from your most recent job*

May we contact your current employer?

YES  NO

<b>1</b>	Starting Date / /	Ending Date / /	Company Name and Address	Phone No.
Title of Position Held		Name & Title of Immediate Supervisor		Reason for Leaving
Job responsibilities:				
<b>2</b>	Starting Date / /	Ending Date / /	Company Name and Address	Phone No.
Title of Position Held		Name & Title of Immediate Supervisor		Reason for Leaving
Job responsibilities:				
<b>3</b>	Starting Date / /	Ending Date / /	Company Name and Address	Phone No.
Title of Position Held		Name & Title of Immediate Supervisor		Reason for Leaving
Job responsibilities:				

By my signature on this application, I understand that any willful misrepresentation by me in this application will be sufficient cause for the cancellation of this application and/or separation from employment with *The Watermark Restaurant* if I have been employed. It is further understood that just as I am free to resign at any time, the employer reserves its exclusive rights to exercise the normal functions of management. These shall include but are not limited to, the right to hire new employees and direct the working forces, to decide the method and schedule of work and production and manage its operations, to discipline, suspend, lay-off because of lack of work, make the determination of the qualifications of employees, determine qualifications for hiring or promotion, require that employees observe reasonable Employer rules and regulations, or to terminate my employment at any time with or without cause or prior notification.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**FOR OFFICE USE ONLY**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> NEW HIRE  | <input type="checkbox"/> FULL TIME   |
| <input type="checkbox"/> REHIRE    | <input type="checkbox"/> PART TIME   |
| <input type="checkbox"/> SEASONAL  | <input type="checkbox"/> A PRE-EMPLOYMENT TEST IS REQUIRED FOR THIS POSITION |
| <input type="checkbox"/> PERMANENT |  |

Department	
Position	
Start Date	
Rate	

Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date