



The Heron Restaurant

40 Main Street
Narrowsburg, NY 12764

845-252-3333

theheronrestaurant@gmail.com

Employment Application

AN EQUAL OPPORTUNITY EMPLOYER
& DRUG FREE WORKPLACE

PERSONAL INFORMATION PLEASE PRINT

Name (Last, First, Middle):

Date:

Social Security Number:

Are You 21 Years Or Older? Yes ___ No ___

Home Address:

City:

State:

Zip:

Home Phone:

Business Phone:

Cell Phone:

Email:

Can you prove your U.S. Citizenship? Circle one:

Yes

No

If not a U.S. Citizen, give Visa No. and Expiration Date:

POSITION YOU ARE APPLYING FOR:

Salary Requirement:

SHIFTS YOU WILL ACCEPT: DAY NIGHT WEEKENDS ONLY ANY SHIFT(AS NEEDED)

Are You Employed Now?

If So May We Inquire, With Whom?

Referred by:

Date You Can Start:

Ever Applied To This Company Before? When?

EDUCATION RECORD

NAME & LOCATION OF
SCHOOL

NO. OF
YEARS
ATTENDED

GRADUATI
ON DATE

SUBJECTS STUDIED

HIGH SCHOOL

COLLEGE

TRADE OR
BUSINESS

GENERAL SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

Special Skills
Activities: (Civic, Athletic, Etc.)
U.S Military/Naval Service Rank Present Member In National Guard
- CONTINUED ON NEXT PAGE -

WORK HISTORY (give information about your last 3 jobs, starting with the most recent)				
1-EMPLOYER		Dates Employed:		
ADDRESS:		PHONE#:		
Title/Duties:		Ending Salary:		
Manager's Name and Title:		Reason for Leaving:		
2-EMPLOYER		Dates Employed:		
ADDRESS:		PHONE#:		
Title/Duties:		Ending Salary:		
Manager's Name and Title:		Reason for Leaving:		
3-EMPLOYER		Dates Employed:		
ADDRESS:		PHONE#:		
Title/Duties:		Ending Salary:		
Manager's Name and Title:		Reason for Leaving:		
WHICH OF THESE JOBS DID YOU LIKE BEST?				
WHAT DID YOU LIKE THE MOST ABOUT THIS JOB?				
REFERENCES: Give The names Of Three Persons Not Related To You, Whom You Have Known At Least One Year				
NAME	ADDRESS	PHONE	BUSINESS	YEARS ACQUAINTED

“ I Certify That The Facts Contained In This Application Are True And Complete To The Best Of My Knowledge And Understand That , If Employed, Falsified Statements On This Application Shall Be Grounds For Dismissal.

I Authorize Investigation Of All Statements Contained Herein And The References Listed Above To Give You Any And All Information Concerning My Previous Employment And Any Pertinent Information They May Have, And Release All Parties From All Liability For Any Damage That May Result From Furnishing Same To You.

I Understand And Agree That, If Hired, My Employment Is For No Definite Period And May, Regardless Of The Date Of Payment Of My Wages And Salary, Be Terminated At Any Time Without Prior Notice And Without Cause

DATE_____ SIGNATURE_____