

Savory

D O W N T O W N

Interested applicants should fill out the attached application and deliver in person. All applicants must provide at least three references.



Application for Employment (PRE-EMPLOYMENT QUESTIONNAIRE, EQUAL OPPORTUNITY EMPLOYER)

DATE _____

Personal Information -----

NAME		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	SECONDARY PHONE NUMBER	REFERRED BY	

Employment Desired -----

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? (Circle one) <p style="text-align: center;">YES NO</p>	IF SO, MAY WE INQUIRE OF YOUR CURRENT EMPLOYER? (Circle one) <p style="text-align: center;">YES NO</p>	

Education History -----

	NAME & LOCATION OF SCHOOL	YEARS	DID YOU	SUBJECTS STUDIED
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300 WASHINGTON STREET - WATERTOWN, NY 13601
 782-8000, EXT. 192 (BOOKING & EVENTS)
 788-0272 (BAR & RESTAURANT)
 WWW.SAVORYDOWNTOWN.COM

Savory DOWNTOWN

		ATTENDED	GRADUATE?	
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS/ CORRESPONDENCE SCHOOL				

General Information -----

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

Former Employers (LIST BELOW LAST FOUR EMPLOYERS WITH MOST RECENT ONE FIRST) -----

DATE/MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

References (LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)-----

NAME	ADDRESS	BUSINESS	YEARS KNOWN

Authorization -----

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"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 and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

DATE _____ SIGNATURE _____

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