



		For Interviewer's Use Only	
Manager	Date	Time	Hired by _____
_____	_____	_____	References checked by _____
_____	_____	_____	Position hired for _____
			Date of hire _____
			Class date _____

PLEASE PRINT!!!

NAME _____ SS# _____ / _____ / _____
FIRST MI LAST

TELEPHONE# _____ ALTERNATE/CELL TELEPHONE # _____

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

ARE YOU AUTHORIZED TO WORK IN THIS COUNTRY, AND CAN YOU, AFTER EMPLOYMENT, SUBMIT PROOF OF YOUR WORK AUTHORIZATION? YES NO

WHICH POSITION ARE YOU APPLYING FOR? _____ AT WHICH TRUDY'S LOCATION? _____

WOULD YOU LIKE FULL TIME PART TIME DAYS NIGHTS

HAVE YOU APPLIED AT TRUDY'S IN THE PAST? NO YES DATE _____ LOCATION _____

HAVE YOU PREVIOUSLY WORKED AT TRUDY'S? NO YES DATE _____ LOCATION _____

WOULD YOU CONSIDER ONE OF THE OTHER TRUDY'S RESTAURANTS? YES NO

HOW DID YOU HAPPEN TO APPLY HERE? _____

LIST ANY HOURS THAT YOU CANNOT WORK _____ ARE YOU A STUDENT? _____

ARE YOU A TEXAS CERTIFIED ALCOHOL BEVERAGE SERVER? YES NO

ARE YOU FOOD HANDLERS CERTIFIED THROUGH TRAVIS COUNTY? YES NO

ARE YOU ON UNEMPLOYMENT Y/N OR ON UNEMPLOYMENT & BENEFITS EXPIRED Y/N

ARE YOU 21 YEARS OF AGE OR OLDER? YES NO BIRTHDATE ___ / ___ / ___

WOULD YOU AUTHORIZE TRUDY'S TO DO A BACKGROUND CHECK? YES NO

DO YOU HAVE ANY HEALTH CONDITIONS OR INJURIES THAT MAY INTERFERE WITH YOUR JOB AND/OR PERFORMANCE?
NO YES EXPLANATION _____

DO YOU USE TOBACCO? NO _____ YES _____ IF YES, WOULD YOU BE ABLE TO ABSTAIN DURING WORKING HOURS AND KEEP A GOOD DISPOSITION? YES _____ NO* _____
SMOKING IS PERMITTED IN AREAS OF THIS WORKPLACE IN ACCORDANCE WITH SECTION 10-6-3(8) OF THE CITY OF AUSTIN SMOKING ORDINANCE EFFECTIVE SEPTEMBER 1 2005

PREVIOUS JOB HISTORY AND REFERENCES: (MOST RECENT FIRST)

BUSINESS NAME	EMPLOYMENT DATES	PHONE #	POSITION HELD	SUPERVISOR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.
SIGNATURE: _____ DATE _____