

Date: _____



Quivey's Grove
6261 Nesbitt Rd, Madison, WI 53719
608-273-4900

www.quiveysgrove.com
info@quiveysgrove.com

For Office Use Only

Start Date _____
Wage _____
Dept _____
Employee # _____

PERSONAL: (Please Print)

Name: _____ Date: _____
Last First Middle Initial

Address: _____ Telephone: _____
No. Street

_____ S.S. No
City State Zip

_____ Email address

If under 18 years of age, could you furnish a work permit? Yes No

If under 18 years of age, how many hours per week employed elsewhere? _____

Are you legally eligible for employment in this country? Yes No

Position applying for: _____ Date you can start? _____

Did anyone refer you to apply with us? _____
Name

EDUCATION:

Schooling	Name of School	Grade or Degree Completed	Graduate?
High School			
College or University			
Others (Specify)			
Military Service			

AVAILABILITY: Mark each box with time available. Place X in box if UNAVAILABLE

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Time Off Needed: Planned vacation dates, sports comittments, etc.

EMPLOYMENT: (most recent first)

Employer	Position	Salary	Employment Dates		Reason for Leaving
Name:			From		
Phone:			To		
Supervisor:					
Name:			From		
Phone:			To		
Supervisor:					
Name:			From		
Phone:			To		
Supervisor:					
Name:			From		
Phone:			To		
Supervisor:					

Have you ever applied to Quivey's Grove before? Yes No If so, when? _____

Are you currently employed? Yes No Where? _____

Are there any job duties you are unable to do? Yes No Explain _____

How might we accommodate those limitations? Explain _____

IN CASE OF EMERGENCY NOTIFY:

Name _____

Address _____

Phone _____

Relationship, if any _____

I AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE. ANY MISREPRESENTATION, FALSE STATEMENT, OR OMISSION OF FACTS CALLED FOR SHALL BE GROUNDS FOR REFUSAL OF EMPLOYMENT OR IF HIRED, DISMISSAL FROM EMPLOYMENT. I UNDERSTAND THAT ANY VIOLATION OF COMPANY RULES, POLICIES, STANDARDS, AND/OR PROCEDURES SHALL BE GROUNDS FOR DISMISSAL. I AGREE TO CONFORM TO THE RULES, POLICIES, STANDARDS, AND REGULATIONS OF QUIVEY'S GROVE RESTAURANT. I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT THE OPTION OF QUIVEY'S GROVE RESTAURANT OR MYSELF, AND I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO MAKE ANY MODIFICATIONS, EITHER VERBALLY OR IN WRITING TO THE CONTRARY.

IT IS THE POLICY OF QUIVEY'S GROVE RESTAURANT TO HIRE ONLY U.S. CITIZENS AND ALIENS WHO ARE LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES. ALL EMPLOYEES WILL BE ASKED TO VERIFY EMPLOYMENT ELIGIBILITY PRIOR TO BEGINNING WORK.

Date: _____

Signature: _____