



THE STEAK HOUSE
 34th & Cornhusker Hwy Lincoln, NE 68504
 Fax# 402-466-4897
EMPLOYMENT APPLICATION



DATE		
FULL NAME		
PRESENT ADDRESS	CITY	STATE ZIP
PERMANENT ADDRESS	CITY	STATE ZIP
PHONE NO.	BEST TIME TO CALL	
PHONE NO.	BEST TIME TO CALL	
APPLYING FOR	SOCIAL SECURITY NO.	DATE OF BIRTH
DATE YOU CAN START	SALARY DESIRED	ARE YOU EMPLOYED?
IF YOU ARE EMPLOYED, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	EVER APPLIED TO THIS COMPANY BEFORE?	WHERE? / WHEN?
PRESENT OR PREVIOUS EMPLOYER	DATES OF EMPLOYMENT FROM TO	
ADDRESS	TELEPHONE	
JOB TITLE AND DUTIES		
SALARY /per hr /wk or month	REASON FOR LEAVING	
PRESENT OR PREVIOUS EMPLOYER	DATES OF EMPLOYMENT FROM TO	
ADDRESS	TELEPHONE	
JOB TITLE AND DUTIES		
SALARY /per hr /wk or month	REASON FOR LEAVING	
PRESENT OR PREVIOUS EMPLOYER	DATES OF EMPLOYMENT FROM TO	

ADDRESS		TELEPHONE	
JOB TITLE AND DUTIES			
SALARY /per hr /wk or month		REASON FOR LEAVING	
SCHOOL	DEGREE/COURSE OF	YEARS ATTENDED	DID YOU GRADUATE?
GRAMMAR			
HIGH SCHOOL			
COLLEGE			
OTHER			
GENERAL INFORMATION Subjects of special study/research work or special training/skills.			
REFERENCE NAME	ADDRESS & PHONE	BUSINESS	YEARS KNOWN
U.S. MILITARY OR NAVAL SERVICE	RANK		
AUTHORIZATION			
<p>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.</p>			
APPLICANT'S SIGNATURE _____		DATE _____	