



East Brunswick  
Piscataway  
Long Branch

www.artofsalad.com  
management@artofsalad.com

APPLICATION FOR EMPLOYMENT  
An at will, equal opportunity Employer

Office Use Only:

Hire Date:

Pay Rate:

### IMPORTANT

Please print or type. This application must be complete, incomplete and/or unsigned applications will not be considered for employment

### Personal Information

Name:	Last	First	Middle	Social Security Number		
Address:	City	State	Zip	Home Phone:		
Are you under the age of 18?	Yes	No	Can you submit proof of age?	Yes	No	Daytime / Message Phone:
Email Address (If any):				Cell Phone (If any):		
Emergency contact Name/Address/Phone:						

### Employment Desired

What type of work are you interested in?	Part-time	Full-time	Volunteer?				
Referred By?	Available to start?						
Are you currently employed?	Yes	No	If yes, may we contact current employer?	Yes	No		
Availability (Indicate times available for each day of the week. For example 9:00AM - 3:30PM):							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM	• AM	• AM	• AM	• AM	• AM	• AM	• AM
	• PM	• PM	• PM	• PM	• PM	• PM	• PM
TO	• AM	• AM	• AM	• AM	• AM	• AM	• AM
	• PM	• PM	• PM	• PM	• PM	• PM	• PM

### General Information

Have you ever been convicted of a felony?	Yes	No	If yes, explain:
If hired, can you provide proof of eligibility to work in the United States prior to starting work?	Yes	No	

### Educational History

School	Name and Location	Major	Level or Years completed	Type of degree/certificate
High School				
College / Other				



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**MOST RECENT EMPLOYMENT :**

Company _____	Address _____
City _____	State _____ Telephone ( ) _____
Position _____	Supervisor _____ Dates worked: From _____ To _____
Wage _____	Reason for leaving _____
Mgmt. ref. ck. done by _____	

  

Company _____	Address _____
City _____	State _____ Telephone ( ) _____
Position _____	Supervisor _____ Dates worked: From _____ To _____
Wage _____	Reason for leaving _____
Mgmt. ref. ck. done by _____	

Do we have your permission to contact your current employer? ☐ Yes ☐ No

If NO, please explain: \_\_\_\_\_

**REFERENCES:** (Please do not use family members)

Name: _____	Telephone: ( ) _____	Years Known _____
Address _____	City _____	State _____
Name: _____	Telephone: ( ) _____	Years Known _____
Address _____	City _____	State _____

Please Read Carefully the section below before signing:

I certify that I have read and fully completed this form and that the information contained herein is correct to the best of my knowledge. I understand that any omission of false information is grounds for dismissal, pre or post hiring. I authorize the references listed on this application to give the employer any and all information concerning my previous employment and pertinent information they may have, personal or otherwise. Completing this field is required for your application to be considered.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_