



Mrs. Marty's Deli
14 Lawrence Park Center
Broomall, PA 19008

Today's date: _____

Phone 359-1996

Fax 359-1688

APPLICATION FOR EMPLOYMENT

Personal Information

Name: _____

Address: _____ Apt: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

How did you hear about Mrs. Martys Deli

Internet/Ad: _____ Friend: _____

Job Placement: _____ School Job Board: _____

Other (please describe): _____

Have you applied with Mrs. Martys Deli ? Yes No

Salary Desired: _____ When can you start work? _____

Are you looking for (please check one): Full-time? Part-time? How many hours? _____

Position Desired: _____

We staff our restaurant from 7am - 9 pm, 7 days per week. Please specify days and times that you are **NOT AVAILABLE** to work because of other commitments. This is **not** a schedule request.

Mon _____ Tue _____ Wed _____ Thu _____

Fri _____ Sat _____ Sun _____

Are you legally authorized to work in the U.S. without limitation?

(proof of citizenship or immigration status will be required for employment)

Yes No

Have you ever been convicted of a felony?

Yes No

If yes, please explain: _____

(please note: a conviction will not necessarily disqualify you from employment. Each case will be considered on its own merits)

If you are applying for a position that requires driving a vehicle, do you possess a valid driver license (issued from any state within the United States) with a clean record?

Yes No

Are you involved in any activities or have any hobbies or interests you would like to share with us? (optional):

Work Experience

Have you ever worked at another _____ Mrs Martys Deli _____ : Restaurant?
If Yes, which one: _____ Position Held: _____
Dates of employment: _____ Reason for leaving: _____

Please list your 3 most recent places of employment:

1) _____
Name City Position Held Dates of Employment
Reason for Leaving: _____

2) _____
Name City Position Held Dates of Employment
Reason for Leaving: _____

3) _____
Name City Position Held Dates of Employment
Reason for Leaving: _____

Education

High School

Name of School _____ Location: _____
Graduate? Yes No

College

Name of School _____ Location: _____
Graduate? Yes No Degree: _____

Culinary or Business School

Name of School _____ Location: _____

References

Please give us the name and current telephone numbers of two (2) of your past employers who can give us an accurate perspective of you as a potential employee in our company. Please do not include family members or friends.

Business Name Supervisor's Name and Position Telephone Number

Business Name Supervisor's Name and Position Telephone Number

I understand that any omission or misrepresentation of material fact in this application may result in refusal of or separation from employment. I hereby authorize the organization to make any investigation of my background deemed necessary. Reference checks will be conducted by our organization or its agents. I further understand that employment is at the mutual consent of the employee and the organization; consequently, either the employee or the employer can terminate the employment relationship at will, for any reason, at any time, with or without cause or advance notice.

I understand I must submit documentation to your organization verifying my eligibility to work in the United States as required by the Federal Immigration Reform and Control Act of 1986. I further understand that submission of said documents must be made within 72 hours of being hired.

Signature of Applicant: _____

Thank You for taking the time to fill out our application!