



Application for Employment

City Diner, LLC • 3116 S I-10 Service Road E
Metairie, LA 70001 • 504.831.1030

*Please download this form to your computer and fill out in Adobe Reader or Adobe Acrobat.
Filling out this form within your web browser may cause your data to be lost due to plugin incompatibility.
Email your completed form as an attachment to employment@citydiner.biz*

Personal Information

First Name

Last Name

Current Address

City

State

ZIP

Mailing Address

City

State

ZIP

Cell Phone

Home Phone

Referred By

Emergency Contact Name

Emergency Contact Phone

Employment Desired

Position

Date You Can Start

Salary Desired

Are you employed now?

If so, may we contact your employer?

Yes

Yes

No

No

Are you legally authorized to work in the US?

Have you applied to this company before?

Yes

Yes

No

No

If so, when?

Education History

High School

High School Location

Years

Subjects Studied

College/University

College Location

Years

Subjects Studied

Trade School

Trade School Location

Years

Subjects Studied

Former Employers

Begin with your most recent

Employer 1

Employer 1 Address

Start Date

End Date

Salary

Position

Reason for Leaving

Employer 2

Employer 2 Address

Start Date

End Date

Salary

Position

Reason for Leaving

Employer 3

Employer 3 Address

Start Date

End Date

Salary

Position

Reason for Leaving

Employer 4

Employer 4 Address

Start Date

End Date

Salary

Position

Reason for Leaving

References

List the names of 2 persons not related to you whom you've known at least 1 year

Reference 1

Reference 1 Address

Business/Employer

Years known

Reference 2

Reference 2 Address

Business/Employer

Years known

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge & understand that, if employed, any falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein & the references & employers listed above to give you any & all information concerning my previous employment & any pertinent information they may have, personal or otherwise & release the company from all liability for any damages that may result from utilization of such information. I also understand & agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing & signed by an authorized company representative. This waiver doesn't permit the release or use of disability-related or medical information in a manner prohibited by the ADA & other relevant federal & state laws.

Signature:

Date:
