



Island Restaurant Group Limited



Application Form

Surname: _____ First Name: _____ Middle Initial: _____

Position Applying For: _____ Date Of Birth _____ Sex: M / F
Day / Month / Year

Home #: _____ Work #: _____ Cell #: _____

email: _____ Bermudian (or Spouse/PRC): Y or N (circle)

Social Insurance Number _____ Applying for: Part _____ Full _____ Time

Have you ever been convicted of a crime? Y / N (if yes, please list) _____

Home Address _____

Mailing Address (if different from above): _____

Marital Status: Single / Married / Divorced / Widowed Do You Have Your Own Transportation?: Yes / No

Please Check(✓) the following shifts you can work:

Splits _____ Nights _____ Holidays _____ Days _____ Weekends _____

Education Details: (Secondary School, College, University, Trade School)

Institution:	Years Attended:	Degrees/Certificates:

Names Of Friends/Family Currently Working For Us: _____

Last Salary/Wage Earned:_____

Wage Expected:_____

Currently Employed?: Yes / No

Date You Can Start_____

Employment History:

Position Held	Employer	Contact Name & Number	Dates Position Held	Wage/Salary

May we contact all employers listed above? Y / N (if no, list why)_____

References: Give below the names of three professional references that you have known for at least one year)

Name	Phone Number	Professional Position	How do you know this person

Additional Comments?:

Signature Of Applicant:_____

Date:_____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER COMMITTED TO HIRING A DIVERSE TEAM OF WORKERS

(This Space For Office Use Only)

First Interview Form 6 Received?_____