We appreciate your interest in Saizon restaurant. Saizon is an equal employment opportunity employer. Saizon's policy is not to discriminate against any applicant or employee based on race, color, ancestry, sex (including pregnancy, breastfeeding, childbirth and related medical conditions), gender, gender identity or expression, religion, national origin, age (40 and over), physical or mental disability, medical condition, genetic information, sexual orientation, marital status, military or veteran status, political affiliation, status as a victim of sexual assault, domestic violence or stalking, or any other basis protected by applicable federal, state, or local laws. Saizon also prohibits harassment of applicants or employees based on any of these protected categories.

	od information. He ink and mint				
Location Today's Date	ed information. Use ink and print. Position Applying For				
		D . A 3111 C W 1			
Name (Last) (First) (Middle)	Minimum Salary Desired	Date Available for Work			
Street Address	Are you at least 18 years old? Ye	es 🗆 No			
Sirect Address	Are you at least 16 years old:	ino			
City State Zip	Telephone (Home) Telephone (World	k)			
1		´			
	() - (, -			
Have you ever used any other name(s) which is (are) necessary for us	Are you available to work overtime a	as needed?			
to know in order for us to verify your employment or educational					
record? Yes No	☐ Yes ☐ No				
If yes, please provide the other name(s):	If yes, are you available weekdays?	weekends?			
	if yes, are you available weekaays.	weekends.			
PERMISSI	ON TO WORK				
Are you authorized to work in the United States? Yes No					
WORK E	X P E R I E N C E				
Please specify your complete full-time and part-time employment history	ory, including self-employment. You ma	ay include any verified work			
performed on a volunteer basis. Begin with your most recent employe	r. If you require additional space, please	e use the reverse side of this page.			
Company Name		Геlephone			
		,			
Address	I	Employed (Month and Year)			
	I	From To			
1 Name, Title, and Phone Number of Supervisor	٠	Monthly Wages			
1 Name, Title, and Phone Number of Supervisor					
		Start Last			
Job Title, and Work Responsibilities	I	Reason for Leaving:			
	<u>, </u>				
Company Name	1	Геlерhone			
		() -			
Address	1	Employed (Month and Year)			
Address					
	1	From To			
Name, Title, and Phone Number of Supervisor	1	Monthly Wages			
		Start Last			
71.001					
Job Title, and Work Responsibilities		Reason for Leaving:			

_	Company Na	nme			Т	Γelephone			
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3	Name Title	and Phone Number of Superv	risor			Monthly Wages	<u> </u>		
3	rume, rine,	tie, and Phone Number of Supervisor				Start Last			
_	I 1 T':1	1 W 1 D 1 11/2							
	Job 1 itle, and	d Work Responsibilities			F	Reason for Leaving:			
Please	explain any	gaps in your employment							
All em	ınlovers incli	ıding your current employe	r may he contac	ted to verify the informatio	n vou provide	May we conta	ct vour current		
		y offer of employment? Yes		ted to verify the information	on you provide.	we coma	et your current		
				ONAL REFERENC					
	NT			l to you. Business references			V		
	Name	Occupation	Phone	A	ddress		Years Known and Capacity		
				-					
EDUCATION & TRAINING									
				et, city, state and zip code for					
School	l	Name and Location of Sch	iool	Number of Years Completed	Degree	T	ype of Course/Major		
Gradua	ata			F					
Colleg	ge								
High S	School								
	ess/Trade/								
Techni	ical								
		JOB-RELA	TED SKI	LLS AND QUAL	IFICATI	ONS			
Please summarize your job-related skills and qualifications:									
Colleg High S Busine Techni	School ess/Trade/ ical			LLS AND QUAL	IFICATI	ONS			

ADDITIONAL EMPLOYMENT INQUIRIES	
Essential Functions of the Job	
Are you able to perform the essential functions of the position? Yes No	
If you checked no, please explain.	
Emergency Contact Person	
Name: Phone Number:	
APPLICANT'S STATEMENT & ACKNOWLEDGMENT	
I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.	
APPLICANT'S SIGNATURE DATE	
This application will only be considered for 30 days. If you have not been hired within 30 days of submitting this application and you wish to continue to be considered for employment, you must complete another application.	

Please send completed applications to info@saizon.com