



**Fulin's**  
*Asian Cuisine*

# EMPLOYMENT APPLICATION

Last Name		First Name		Middle Initial	Date / /
Street		Apt.	City		State ZIP
Phone No. ( ) -	Cell Phone No. ( ) -	Social Security No. - -		Expected Hourly Pay Rate \$	
Do you have transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you applying for a full-time or part-time position? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	How many hours per week do you want to work? Minimum # _____ Maximum # _____			
Position You Are Seeking (Please rank only 1st choice and 2nd choice):					
_____ Server	_____ Host Person	_____ Kitchen Prep	_____ Busser		
_____ Bartender	_____ Chef / Cook	_____ Dishwasher	_____ Carry-Out		

- Are you authorized to work in the U.S.? .....  Yes  No
- We have a zero tolerance drug policy in our workplace. Are you able to comply? .....  Yes  No
- Are you able to lift up to 50 lbs. several times a day as an essential function of kitchen or other positions? .....  Yes  No
- Are you able to work on your feet for 6-9 hours per shift? .....  Yes  No
- What is the minimum wage you will accept? \$ \_\_\_\_\_/week \$ \_\_\_\_\_/year
- Have you ever applied for a position at GL Restaurant Management, Inc. including Fulin's Asian Cuisine, Toyama Japanese Steak House and New China Buffet? .....  Yes  No  
If yes, which location? \_\_\_\_\_  
What was the result? \_\_\_\_\_
- Have you ever been employed by GL Restaurant Management, Inc. including Fulin's Asian Cuisine, Toyama Japanese Steak House and New China Buffet? .....  Yes  No  
If yes, which location? \_\_\_\_\_  
When? From: \_\_\_\_\_ To: \_\_\_\_\_  
Month / Year Month / Year  
What was your position? \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

8. List your jobs in the last 2 years, starting with the current/latest.

Employer:	From:	To:
Address:		
Phone #:	Job Title:	
Name of Supervisor:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why did you leave?		

  

Employer:	From:	To:
Address:		
Phone #:	Job Title:	
Name of Supervisor:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why did you leave?		

  

Employer:	From:	To:
Address:		
Phone #:	Job Title:	
Name of Supervisor:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why did you leave?		

9. Sometimes our training schedule may conflict with your other obligations. Are you able to reschedule your plans to attend our training? .....  Yes  No

10. Have you been convicted of a felony that has not been annulled, expunged or sealed by the court? .....  Yes  No  
 (Conviction will not necessarily disqualify an applicant from employment, but will be considered in the context of the entire application and position(s) applied for.)

\*11. What commitments do you have, or do you anticipate, that may affect your work schedule? \_\_\_\_\_  
 \_\_\_\_\_

12. Are you able to work flexible hours (including weekends)? .....  Yes  No

13. Are you able to work holidays? .....  Yes  No

\*14. Please indicate days and hours of your preferred schedule.

Mon	Tue	Wed	Thu	Fri	Sat	Sun
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15. If hired, what notice do you need to give your current employer? \_\_\_ None \_\_\_ 3 days \_\_\_ 1 week \_\_\_ 2 weeks  
 When would you be available to start working with us? \_\_\_\_\_

\*16. Please explain any specialized training or course work you have completed that may relate to the position for which you are applying. \_\_\_\_\_

17. We have specific requirements for personal appearance for both the dining room and kitchen: clean, proper work apparel, no excessive jewelry or makeup, and good general hygiene.  
 Are you willing to meet our requirements?.....  Yes  No

18. Are you of legal age to serve alcoholic beverages (age requirements may vary by state)? .....  Yes  No

19. Do you have state certification to prepare/serve alcoholic beverages .....  Yes  No