

# ISH Grill & Bar

5105 I 55 North Frontage ~ Jackson, MS 39206

769-257-5402

[www.ISHGrillandBar.com](http://www.ISHGrillandBar.com)

## APPLICATION FOR EMPLOYMENT

**Please email your completed applications to: [ishgrillandbar@gmail.com](mailto:ishgrillandbar@gmail.com). Resumes are accepted; however, a complete application must be on file to be considered for an interview.**

Date of the Application        /        /

First Name                  Middle Name                  Last Name

Age                                          Date of Birth                  /        /

Street Address

City                                          State                                  Zip

Telephone (        )        -                          Alternate Telephone (        )        -

Social Security #        -        -                  or EIN #

Position applying for  Bartender  Cook  Server  Dishwasher  Custodian

When can you start? **Click here to enter a date.**

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?

Yes  No

Are you looking for full time employment?  Yes  No

If no, what hours are you available?

Any Restrictions?

Are you willing to work split shifts?  Yes  No

Are you willing to work closings 11 pm or 2 am?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, please fully describe the circumstances:

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### Education:

High School Name                  Location                  Did you graduate?  Yes  No

If not, do you have a GED?  Yes  No

College Name                  Location                  Degree Earned  Yes  No

Major                                  Year of Graduation

Are you currently enrolled or planning in enrolling in any school:  Yes  No

In addition to your work history, are there are other skills, qualifications, or experience we

should consider:

**Employment History: (Start with most recent employer.)**

**Company Name**

Address Telephone

Position

Date Started / / Date Ended / /

Name of Supervisor May we contact?  Yes  No

Responsibilities

Reason for leaving

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**Company Name**

Address Telephone

Position

Date Started / / Date Ended / /

Name of Supervisor May we contact?  Yes  No

Responsibilities

Reason for leaving

---

**Company Name**

Address Telephone

Position

Date Started / / Date Ended / /

Name of Supervisor May we contact?  Yes  No

Responsibilities

Reason for leaving

**Medical History:**

Please list any illness, pregnancy, or medical conditions:

Are you physically unable to do any tasks that may be necessary in the Restaurant/Bar business?

Please list and Medications being used:

Do You presently use any illegal drugs?  Yes  No

If so which?



