



Phone: [757-499-8900]
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Job Application

Personal Information

First Name:	Middle Name:	Last Name:	SSN#	Email Address:		
Street Address		City	State	Zip	Home Phone	Mobile Phone
Do you have a VALID driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have your own car? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is your car street legal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a cell phone that is it ALWAYS working? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can we drug test you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a stable place to live? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Date of Birth		
Have you been convicted of a crime, been incarcerated, under house arrest, or on probation in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:				
Circle ONE: What position are you applying for? Server Brusher Kitchen Bartender Manager Cashier		How did you hear about this position?				
We are hiring for night positions only. Day shifts are based on seniority. What days are you not available to work?		Are you a team player? What makes you want to be part of the Q-Crew?				
Expected Hourly Rate	Expected Weekly Earnings	Date Available				

Prior Work Experience

	Current or Most Recent	Prior	Prior
Employer Name			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From To	From To	From To
Position/Job Title			
Pay			
Reason for Leaving			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education

High School Name:	Circle Last Year Complete 9 10 11 12		GED <input type="checkbox"/> Yes <input type="checkbox"/> No
List any applicable special skills, training or proficiencies.			
Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date	