

THE PANCAKE CHEF RESTAURANT

DIVISION OF
GREAT LAKES MICH. INC.
327 CENTRAL AVE.
MACKINAW CITY, MI. 49701
PH. (616) 436-5578

DATE _____ SOC. SEC.# _____ TEL. _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

AGE _____ HEIGHT _____ WEIGHT _____ MARRIED - SINGLE - DIVORCED - CHILDREN - YES-NO

DATE OF BIRTH _____ RELATED TO ANYONE IN OUR EMPLOY _____ OWN TRANSPORTATION _____

PLEASE ENCLOSE RECENT PHOTO

POSITION _____ DATE AVAILABLE _____

SALARY DESIRED _____ DATE OF DEPARTURE _____

EDUCATION

PLEASE CIRCLE LAST YEAR ATTENDED:

HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

TRADE SCHOOL OR BUSINESS SCHOOL _____

WHAT FOREIGN LANGUAGE DO YOU SPEAK _____

DO YOU KNOW SIGN LANGUAGE _____

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL PROBLEMS THAT COULD RESULT IN AN EMERGENCY SITUATION DURING WORK HOURS

(DIABETES, EPILEPSY, ETC.) _____

IF YES PLEASE EXPLAIN _____

WERE YOU EVER INJURED? _____ GIVE DETAILS

HAVE YOU ANY DEFECTS IN HEARING _____ IN VISION _____ IN SPEECH _____

IN CASE OF EMERGENCY NOTIFY _____
NAME ADDRESS PHONE NO.

DATE _____ SIGNATURE _____