



Corner Cuisine, LLC
 9000 Lorton Station Blvd. Suite K
 Lorton VA, 22079

Tel: (703) 339-1736
 Fax: (703) 822-7106
 jobs@cornercuisine.com

**Corner Cuisine Employment Application
 AN AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY EMPLOYER**

Applications are accepted only for open posted positions. A separate application is required for each position. **Please complete form and MAIL to: Corner Cuisine, PO Box 727, Lorton, VA 22199, or FAX to: (703) 822-7106, or email to: jobs@cornercuisine.com** You may also drop the application off in person during business hours.

Today's Date:			Date Available:		
Name: Last		First	MI	Date of Birth	
Social Security Number:			Position Applied For:		
Home Address		City	State	Zip Code	Home Phone
How Many Days Per Week Are You Available:					Cell Phone
Which Shifts Can You Work: <input type="checkbox"/> 8:00 – 2:00 <input type="checkbox"/> 1:00 – 7:00 <input type="checkbox"/> 6:00 – 11:00					
Do You Have A Food Manager Certification?		Are You Related to Any Corner Cuisine Employee?		If Previously Employed Dates:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		From: To:	
Are you legally eligible to work in the United States?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Education: Check highest grade completed				
High School: 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No GED: <input type="checkbox"/> Yes <input type="checkbox"/> No				
College or University Name and Location		Credit Hours Sem Qtr	Major	Degree
Other Training: Name and address of school(s)		Course of Study	Diploma/Certificate	
List Current Licenses/Professional Registration/Certifications/Memberships				
Skills and Abilities				
Languages spoken fluently:			Languages written fluently:	

Cooking Experience:

Employment History: List current or most recent employer first, then list in chronological order other positions held.

Employer:		Employment Dates: From: _____ To: _____	
Your Job Title:		Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>	
Supervisor:	Title:	Phone Number:	
Brief description of work:		Starting Salary:	
		Ending Salary:	
Reason for leaving:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer:		Employment Dates: From: _____ To: _____	
Your Job Title:		Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>	
Supervisor:	Title:	Phone Number:	
Brief description of work:		Starting Salary:	
		Ending Salary:	
Reason for leaving:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer:		Employment Dates: From: _____ To: _____	
Your Job Title:		Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>	
Supervisor:	Title:	Phone Number:	
Brief description of work:		Starting Salary:	
		Ending Salary:	
Reason for leaving:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

References: Please list the names and telephone numbers of three professional references (co-workers, customers, and/or supervisors other than those listed in Employment History).

Name	Relationship	Telephone Number

