



Emp # \_\_\_\_\_

**J. W. M. ENTERPRISES INC.**  
**T/A WARREN'S STATION**  
**1406 Coastal Hwy., Fenwick Island, DE 19944**  
**(302)- 539- 7156**  
[Manager@WarrensStation.Com](mailto:Manager@WarrensStation.Com) ~ [www.WarrensStation.com](http://www.WarrensStation.com)

## **EMPLOYMENT FORM**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

PERMANENT ADDRESS: STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

E- MAIL ADDRESS \_\_\_\_\_

SUMMER ADDRESS: STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

PREVIOUS RESTAURANT EXPERIENCE: \_\_\_\_\_

PRESENT OCCUPATION \_\_\_\_\_

DATE YOU CAN BEGIN EMPLOYMENT: \_\_\_\_\_

SCHOOL YOU ATTEND \_\_\_\_\_ GRADE \_\_\_\_\_

ARE YOU AVAILABLE TO WORK AFTER LABOR DAY? \_\_\_\_\_

CAN YOU COME FOR AN INTERVIEW? \_\_\_\_\_ IF YES, WHEN? \_\_\_\_\_

**PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBER OF THREE REFERENCES:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_