



EMPLOYMENT APPLICATION

Last Name		First Name		Middle Initial	Today's Date
Street/P.O. Box		Apt. #		City	State Zip Code
Day Phone No.	Evening Phone No.		Social Security Number		Expected Hourly Pay Rate
Do you have reliable transportation to and from work during our hours of operation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you applying for a full-time or part-time position? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		How many hours per week do you want to work? Minimum _____ Maximum _____.	
Position Applying For:					
<input type="checkbox"/> Server		<input type="checkbox"/> Host/Hostess		<input type="checkbox"/> Bartender	
<input type="checkbox"/> Busser		<input type="checkbox"/> Kitchen Prep		<input type="checkbox"/> Cook/Line Cook	
<input type="checkbox"/> Dishwasher					

Work Availability:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

- If hired, can you submit documents to prove your legal right to work in the U.S.? Yes No
- Are you of legal age to serve alcoholic beverages (19)? Yes No
- Dragonfly does not tolerate drug use by employees before or during work.
Are you willing to comply? Yes No
- Up to 50 lbs. of lifting several times a day is an essential function of kitchen positions.
Are you willing and able to comply with this requirement? Yes No
- Being on your feet for 6-9 hours at a time is a requirement in dining room positions.
Are you willing and able to comply with this requirement? Yes No
- We may train on days you have other obligations. Are you willing to reschedule your plans to training?.. Yes No
- Do you have any schedule obligations (i.e. annual trips, vacations, weddings, reserve, or holidays) coming up that we need to know about?..... Yes No
- Have you ever been convicted of a felony that has not been annulled, expunged or sealed by the court? Yes No
- How many jobs have you had in the past year? _____ Past two years? _____.
- What were the circumstances for leaving each job? _____

_____.
- What is the minimum amount you need to earn? \$ _____/week \$ _____/month

EMPLOYMENT HISTORY – Begin with your most recent job. List each job separately.

Job Title	Dates Worked From _____ To _____	Pay \$ _____ Per _____
Name of Employer		Name of Supervisor
Address:	City	State Zip Code
Telephone Number ()	Reason for Leaving:	
Duties Performed:		

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Duties Performed:		

Signature _____ Date: _____

Contact: Robert Krosting – 480-201-9360 or Fax to: 480-302-7970

TEMPE:
 414 S. Mill Ave #115
 Tempe, AZ 85281
 SW Corner of Mill Ave & 4th St.



MESA:
 1116 S. Dobson # 113
 Mesa, AZ 85202
 NW Corner of Dobson & Southern