





321 E. Harmon Industrial Park Suite 6G Harmon, Guam 96913 Phone: (671) 647-1531 Fax: (671) 649-2855

Employment	Application for	r: Denny's	∐ Dor	nino's 🔲	Winchell's L			
		APPL	ICANT INFORMA	ATION				
Full Name:					Date:			
	Last	Firs		MI.				
Hours Available: Day Time: Night Time: Desired Salary: \$								
			Employme	ent Desired: F	ull Time 📗 🏻 F	Part Time 🗌		
Are you authorized to work in the U.S.? Yes No No								
Have you eve	r worked for th	his company?	No If ye	No If yes, when?				
			AVAILABILITY					
Please list availability	. Include days and tim	e.						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
			EDUCATION					
High School:	High School:Address:							
_								
	ollege:Address:							
•		Did you graduate? Yes 🔲 No 🔲 Diploma:						
		,			'			
Diama list the			REFERENCES					
Please list thre	-							
			Relationship: Phone:					
Address:				Phone:				
Full Name:			_ Relationship:					
Address:			_Phone:					
Full Namo:			Relationship:					
/ (dul e33			/IOUS EMPLOYN					
Commission								
Company:								
Address ¹				Supervisor	•			

Job Title:	Start	ing Salary:	Ending Salary:				
•							
		on for leaving:					
May we contact ye	our previous superv	isor for reference?	Yes 🗌	No 🗌			
Company:			.Phone:				
Address:		Supervisor:					
Job Title:	Start	ting Salary:Ending Salary:					
Responsibilities:_							
From:	To:Reas	on for leaving:					
May we contact ye	our previous superv	risor for reference?	Yes 🗌	No 🗌			
Company:			.Phone:				
		Supervisor:					
				ry:			
Responsibilities:_							
From:	To: Reas	on for leaving:					
May we contact ye	our previous superv	isor for reference?	Yes 🗌	No 🗌			
		ADDLICANT CTATEMEN	IT.				
		APPLICANT STATEMEN					
complete and correct or misrepresented in	ct. I understand that arn any respect will be su	d in order to apply for a ny information provided ufficient cause to cancel yer's service, whenever	by me that is found further consideration	to be false, incomplete			
information from all		the employer, its represend professional), and to tion.	•				
application is used f		nlawfully discriminate i ing or excusing any app federal law.		•			
I also understand that if I am hired, I will be required to provide proof of identity, legal authority to work in the United States and the Immigration laws require me to complete and I-9 Form in this regard.							
application for empl challenged action, w	oyment within the app hichever is shorter, an	y Act, I agree to bring ar dicable statute of limitar d to waive any statute o the extension of this per	tions period or within of limitations to the co	one year of the			
DO NOT SIGN UNTIL	YOU HAVE READ THE	ABOVE APPLICANT STA	TEMENT.				
I certify that I have r	ead, fully understand a	and accept all terms of f	oregoing Applicant S	tatement.			
Signature:			Date:				