Shakin Crab

9886 Liberia Ave. Manassas						703-420-2120				
Name (print in ink)			Gender			Date				
				M / F						
Phone Number						Date Available to start work:				
						Date Available to start work.				
Position(s) applying for						Aron		afor		
						Are you Applying for				
(must check specific position listed to be considered)						□ Part-time □ Full-time □ Seasonal				
							ant-time		Seasonal	
□ Host □ Server □ Busser										
	(4 9 2					lfvou a	ro applying for a	sonverposition deve	moot the Logal	
Are you over the age of 18?						If you are applying for a server position, do you meet the Legal state age requirement serve alcohol?				
🗆 Yes 🛛 No						🗆 Yes 🛛 No				
Do you have legal right to work in the United States?										
(it is the policy of this employer to hire only United States Citizens or individuals authorized to work in the United States.										
All employees must verify employment eligibility prior to beginning work.)						If yos, where and how long?				
Restaurant Experience?						If yes, where and how long?				
	res □No	`								
						• • • •				
Work schedule Availability										
	Mon	Tues		Wed	Th	nur	Fri	Sat	Sun	
Lunch	х	х		Х		х				
Dinner										
Please read CAREFULLY before signing below										
I certify the facts set forth in my application are true and complete. I understand and agree that, if employed, any misrepresentation, false										
Statements, or omission of facts on this application may result in dismissal. I authorize Shakin Crab to check all personal and employ										
References and verify all information I have included on this application form.										
I understand and agree that Shakin Crab has right to dismissal its employees if company believes the employees' actions and behaviors										
Is against its; policies, procedures, and benefits.						Initial				
I understand and agree that this application, policies, practices and procedures, and all other communication distributed to me by Shakin Crab										
do not constitute or supplement any contract of employment. If I am hired. I understand and agree that all benefits, policies, and Procedures may be changed by Shakin Crab at any time, with or without notice. I further understand and agree that I have the option to Terminate my										
employment relationship with Shakin Crab, with or without cause and without notice at any time, and that Shakin Crab retain a similar right.										
								Initia		
Signature of Applicant					Date	e				
	1.1					-				