



White Orchids Thai Cuisine

The Promenade Shops at Saucon Valley
2985 Center Valley Parkway, Suite 200
Center Valley, PA 18034
whiteorchids_thaicuisine@yahoo.com

Hours of Operation
Mon-Sat: 11:00am-9:00pm
Sun: 11:00am-8:00pm

Employment Application – Rev.02

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Present Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Permanent Address: _____
(Ignore if the same as above)
Street Address Apartment/Unit #

City State ZIP Code

Permanent Phone#: () Present #:()

Do you have adequate transportation to and from work during our hours of operation?

Expected Hourly Pay Rate: \$

Date Available: _____ Social Security No.: _____

Applying For: *Server, Host/Hostess, Bartender, Cook/Line Cook, Dishwasher/Busser* 1st Choice: 2nd Choice:

Are you a citizen/Permanent Resident of the United States? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain:

1) Being on your feet almost all the time is a requirement for all positions at White Orchids. Are you willing and able to comply with this requirement? YES NO

2) Up to 50 lbs. of lifting several times a day is an essential function for all positions at White Orchids. Are you willing and able to comply with this requirement? YES NO

3) At White Orchids, we do not tolerate drug use by employees. Are you willing and able to comply with this requirement? YES NO

4) At White Orchids, we do not permit our employees to smoke in operating areas. Are you willing and able to comply with this requirement? YES NO

5) White Orchids has specific requirements for personal appearance for all staff members; clean and proper work apparel, no excessive jewelry or makeup, and fine hygiene. Are you willing and able to comply with these requirements? YES NO

6) We may need to train on days that you have other obligations. Are you willing and able to reschedule your plans to come to training? YES NO

7) What commitments do you have or anticipate that may affect your schedule here at White Orchids?

8) Are you willing to work flexible hours (including weekends) and holidays? YES NO

9) Please indicate below any days or hours that you will be unable to work for White Orchids.

Unavailable	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

10) Please indicate what your ideal schedule would be.

Time (start)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time (end)							

11) How long would you like to remain with us at White Orchids if you were offered a position?

MISCELLANEOUS

12) Please indicate your level of knowledge of Thai food on a scale of 0 – 10 (0 being no knowledge and 10 being an expert).

13) Please indicate your level of enthusiasm and desire to learn about Thai cuisine on a scale of 0 – 10 (0 being little desire and 10 being much desire). Be honest!

14) What kind of skills, experience, training, and/or course work have you done that makes you an ideal person for the position that you are applying for?

15) Please list your top 5 favorite hobbies/pastimes.

16) What is something genuinely unique or interesting about you that one would not be able to find on a typical application?

Education

High School:	Address:				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:	Address:				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:	Address:				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

Previous Employment

Current or Most Recent Employer: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Hourly Rate: \$ _____ Ending Hourly Rate: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Previous Employer: _____ Phone: ()

Address: _____ Supervisor: _____

Starting Hourly Rate: \$ _____ Ending Hourly Rate: \$ _____

Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Previous Employer: _____ Phone: ()

Address: _____ Supervisor: _____

Starting Hourly Rate: \$ _____ Ending Hourly Rate: \$ _____

Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Emergency Contact Information

First Contact Name: _____ Phone: _____

Second Contact Name: _____ Phone: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: ()

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: ()

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: ()

Address: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

FOR WHITE ORCHIDS' USE ONLY

Review White Orchids' working conditions to the candidate:

- How much trainees earn
- Tips
- Pay (every two weeks)
- Teamwork expectations
- Uniform
- Non-smoking environment
- Number of tables
- Job roles

Review White Orchids' benefits and background to the candidate:

- Meal program
- Vacation
- Management Team
- History of White Orchids

Applicant Information
Candidate:
Position Applied For:
Interviewer:
Date of Interview:

Hiring Recommendation
Hire <input type="checkbox"/> Not Hire <input type="checkbox"/>

Candidate Evaluation					
	Poor	Fair	Satisfactory	Good	Excellent
Related Job Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality/Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest/Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS: (STRENGTHS/WEAKNESSES)	
EMPLOYMENT VERIFICATION #1 AND #2	<ul style="list-style-type: none"> - Verify when he/she worked for the company – Verify job title – Verify compensation - Is he/she dependable – Why did he/she leave the company – Would you reemploy him/her? - NOTES: