



A Medley of Culinary Excellence!

Mattison's™ a local, chef-owned restaurant group offering outstanding service, quality ingredients, and creative menu options while supporting the community, regional farmers, and culinary suppliers.

Mattison's City Grille tel 941.330.0440 • 1 N Lemon Ave, Sarasota, FL 34236 > **Mattison's Forty-One** tel 941.921.3400 • 7275 S Tamiami Trail, Sarasota, FL 32431
Mattison's Catering tel 941.921.3400 • 7275 S Tamiami Trail, Sarasota, FL 32431

Application for employment with Mattison's™ Date _____

Please print all information requested on page 1-2 and be sure to sign page 2.

Applicants may be tested for illegal drugs

Last Name _____ First _____

Middle _____ Maiden _____

Present Address _____ City _____

State _____ Zip _____ How long _____

Social Security Number _____ Telephone (_____) _____

Position Applying For _____

Desired Salary _____ If under 18, please list age _____

Days and Hours Available to Work:

No Pref _____ Mon _____ Tue _____ Wed _____

Thu _____ Fri _____ Sat _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Weekends? _____ Holidays? _____ Full-Time Only _____ Part-Time Only _____

Education

High School Name _____ City _____ State _____

College _____ City _____ State _____

Number of years completed _____ Degree _____ Date _____

Business/Trade/Professional School _____ City _____ State _____

Number of years completed _____ Degree _____ Date _____

Higher Education _____

Number of years completed _____ Degree _____ Date _____

Have you ever been arrested? No Yes If yes, explain _____

Have you ever been convicted of a crime? No Yes If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/

were committed, sentence(s) imposed, and type(s) of rehabilitation

Work Experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give the name of the firm. Attach additional sheets if necessary.

1. Employer _____ Supervisor _____

Employer's Address _____ City/State/Zip _____

Tel _____ Position Held _____ Date From _____ To _____

Reason for Leaving, Please Be Specific _____

May we contact your present employer? Yes _____ Tel _____ No _____

2. Employer _____ Supervisor _____

Employer's Address _____ City/State/Zip _____

Tel _____ Position Held _____ Date From _____ To _____

Reason for Leaving, Please Be Specific _____

3. Employer _____ Supervisor _____

Employer's Address _____ City/State/Zip _____

Tel _____ Position Held _____ Date From _____ To _____

Reason for Leaving, Please Be Specific _____

4. Employer _____ Supervisor _____

Employer's Address _____ City/State/Zip _____

Tel _____ Position Held _____ Date From _____ To _____

Reason for Leaving, Please Be Specific _____

Please list two references other than relatives or previous employers:

Name _____

Position _____

Company _____

Address _____

City _____

State _____ Zip _____

Tel _____

Please list two references other than relatives or previous employers:

Name _____

Position _____

Company _____

Address _____

City _____

State _____ Zip _____

Tel _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and release the company from all liability for any damage that may result from utilization of such information.

Applicant Signature _____ Date _____