



# Millennium Restaurant Group

Phone (269) 375.1193 • Fax (269) 375.1346 • 3505 Greenleaf Blvd. • Kalamazoo, MI 49008

## Application for Employment

Please Indicate the restaurant at which you wish to apply (circle one)

*Martell's*

3501 Greenleaf Blvd.  
Parkview Hills

**EPIC  
BISTRO**

359 S. Kalamazoo Mall  
Downtown Kalamazoo

CENTRAL CITY  
**TAP  
HOUSE**

359 S. Kalamazoo Mall  
Downtown Kalamazoo

**THE  
UNION**

125 S. Kalamazoo Mall  
Downtown Kalamazoo

**FIELD  
STONE  
GRILL**

3970 W. Centre Ave  
Portage

**THE  
WINE  
LOFT**

161 E. Michigan Ave  
Downtown Kalamazoo

WE CONSIDER APPLICATIONS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

Position(s) Applied for:		Date of Application:
Last Name:	First Name:	Middle Name:
Address:	City/State:	Zip Code:
Phone 1:	Email:	Social Security #:

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

(Proof of citizenship or immigration status will be required upon employment)

Yes	No
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On what date would you be available for work? \_\_\_\_\_

Availability: (Please Circle One)

Full Time	Part Time
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### Education:

	Name/Address of School	Course of Study	Years Completed	Diploma/Degree
High School:				
College:				
College: additional				

## Employment Experience:

Employer	Dates Employed: (From/To)	Work Performed/Job Title
Address	Hourly Rate/Salary (Start)	Hourly Rate/Salary (Finish)
Reason for Leaving	Supervisor's Name	Telephone Number

Employer	Dates Employed: (From/To)	Work Performed/Job Title
Address	Hourly Rate/Salary (Start)	Hourly Rate/Salary (Finish)
Reason for Leaving	Supervisor's Name	Telephone Number

Employer	Dates Employed: (From/To)	Work Performed/Job Title
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Employer	Dates Employed: (From/To)	Work Performed/Job Title
Address	Hourly Rate/Salary (Start)	Hourly Rate/Salary (Finish)
Reason for Leaving	Supervisor's Name	Telephone Number

## Additional Information (Please describe any specialized training or skills)

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## References

Name	Address	Phone	Relationship
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I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should not inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_