



EMPLOYMENT APPLICATION FORM

PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

SOCIAL SECURITY # _____ PHONE # - HOME _____ CELL _____ EMAIL _____

REFERRED BY () PAPER () FRIEND _____ () OTHER _____

ARE YOU OF LEGAL AGE TO SELL ALCOHOL? () YES () NO

EMPLOYMENT DESIRED

POSITION APPLIED FOR () HOST/HOSTESS () SERVER () COOK () BARTENDER () DISHWASHER

DAYS/HOURS AVAILABLE TO WORK () AVAILABLE ANY TIME

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

SATURDAY _____

SUNDAY _____

HOW MANY HOURS CAN YOU WORK WEEKLY? _____

EDUCATION

HIGH SCHOOL

NAME _____ LOCATION _____
LAST YEAR COMPLETED 1 2 3 4 DID YOU GRADUATE ? () YES () NO

COLLEGE

NAME _____ LOCATION _____
LAST YEAR COMPLETED 1 2 3 4 DID YOU GRADUATE ? () YES () NO

TRADE/BUSINESS/GRADUATE SCHOOL

NAME _____ LOCATION _____
LAST YEAR COMPLETED 1 2 3 4 DID YOU GRADUATE ? () YES () NO

FORMER EMPLOYERS

(PLEASE LIST PAST EMPLOYERS STARTING WITH THE MOST RECENT)

1. EMPLOYER (NAME & ADDRESS) _____		

TELEPHONE _____	CONTACT PERSON _____	
POSITION _____	SALARY _____	
REASON FOR LEAVING _____		
DATES _____		
2. EMPLOYER (NAME & ADDRESS) _____		

TELEPHONE _____	CONTACT PERSON _____	
POSITION _____	SALARY _____	
REASON FOR LEAVING _____		
DATES _____		
3. EMPLOYER (NAME & ADDRESS) _____		

TELEPHONE _____	CONTACT PERSON _____	
POSITION _____	SALARY _____	
REASON FOR LEAVING _____		
DATES _____		
4. EMPLOYER (NAME & ADDRESS) _____		

TELEPHONE _____	CONTACT PERSON _____	
POSITION _____	SALARY _____	
REASON FOR LEAVING _____		
DATES _____		

PERSONAL REFERENCES

1. NAME _____		ADDRESS _____	
PHONE # _____	RELATION _____	YEARS AQUAINTED _____	
2. NAME _____		ADDRESS _____	
PHONE # _____	RELATION _____	YEARS AQUAINTED _____	
3. NAME _____		ADDRESS _____	
PHONE # _____	RELATION _____	YEARS AQUAINTED _____	

APPLICATION FORM WAIVER

(PLEASE READ CAREFULLY)

I HEREBY AUTHORIZE THE POTENTIAL EMPLOYER TO CONTACT, OBTAIN, AND VERIFY THE ACCURACY OF INFORMATION CONTAINED IN THIS APPLICATION FROM ALL EMPLOYERS, EDUCATIONAL INSTITUTIONS, REFERENCES, AND ALL AVAILABLE PUBLIC RECORD INFORMATION.

I UNDERSTAND THAT ANY INTENTIONAL MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION MAY CONSTITUTE GROUND FOR RESCISSION OF A JOB OFFER OR IMMEDIATE TERMINATION OF EMPLOYMENT IF I AM EMPLOYED, WITHOUT NOTICE, WHENEVER IT MAY BE DISCOVERED.

IF I AM EMPLOYED, I ACKNOWLEDGE THAT THERE IS NO SPECIFIED LENGTH OF EMPLOYMENT AND THAT THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT. ACCORDINGLY, EITHER I OR THE EMPLOYER CAN TERMINATE THE RELATIONSHIP AT WILL, WITH OR WITHOUT CAUSE, AT ANY TIME, SO LONG AS THERE IS NO VIOLATION OF APPLICABLE FEDERAL OR STATE LAW.

I UNDERSTAND THAT THIS IS A DRUG FREE WORKPLACE AND CONSENT TO COMPLIANCE WITH THIS POLICY AS A CONDITION OF EMPLOYMENT.

I ALSO UNDERSTAND THAT, IF I AM EMPLOYED, I WILL BE REQUIRED TO PROVIDE SATISFACTORY PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION WITHIN THREE DAYS OF BEING HIRED AND PRIOR TO FIRST WORK SHIFT. FAILURE TO SUBMIT SUCH PROOF WITHIN THE REQUIRED TIME SHALL RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT.

I HAVE READ AND FULLY UNDERSTAND THE FOREGOING STATEMENTS AND I SEEK EMPLOYMENT UNDER THESE CONDITIONS.

SIGNATURE OF APPLICANT

DATE

THIS COMPANY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. WE ADHERE TO A POLICY OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, CITIZENSHIP, AGE OR DISABILITY. WE ASSURE YOU THAT YOUR OPPORTUNITY FOR EMPLOYMENT WITH THIS COMPANY DEPENDS SOLELY ON YOUR QUALIFICATIONS.

THANK YOU FOR COMPLETING THIS APPLICATION FORM AND FOR YOUR INTEREST IN OUR BUSINESS.