

# APPLICATION FOR EMPLOYMENT



## GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security Number	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## POSITION

<b>Position Or Type Of Employment Desired (mark one)</b> Bartender <input type="checkbox"/> Server <input type="checkbox"/> Bar Back <input type="checkbox"/> Busboy <input type="checkbox"/> Host/Hostess <input type="checkbox"/> Cook <input type="checkbox"/>	<b>Will Accept:</b> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	<b>Nights Available:</b> <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Available to start	Will you have another job at same time? If so, what is it and how many hrs/ week? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## EDUCATION AND TRAINING

College/University, Military, High School (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject(s)
		Extra Curricular Activities	Awards, GPA, Other (Specify)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
Formal Hospitality/Restaurant Education (Including culinary school, wine seminars, bartending school, T.I.P.S.)						
Occupational License, Certificate or Registration		Number	Where Issued		Expiration Date	
Languages Read, Written or Spoken Fluently Other Than English						

## VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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**SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)**

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**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

Employer	Telephone Number (    )    -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number (    )    -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number (    )    -	From (Month/Year)
Address		
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Specific Duties		Hours Per Week
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number (    )    -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_