



# Employment Application

APPLICATION DATE \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

HOME ADDRESS (NUMBER & STREET) \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ E-MAIL \_\_\_\_\_

POSITION APPLYING FOR \_\_\_\_\_ DATE AVAILABLE \_\_\_\_\_ HOURS NEEDED \_\_\_\_\_

Are you legally a minor? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you of legal age to serve alcohol Yes \_\_\_\_\_ No \_\_\_\_\_  
 If under the age of 18, hire is subject to verification of minimum legal age and will require a work permit.

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever applied to or worked for the company before? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you even worked under a different name? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify \_\_\_\_\_  
 Are you related to anyone who is currently working here at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

**AVAILABILITY**

	MON	TUES	WED	THUR	FRI	SAT	SUN
A.M.							
P.M.							

PLEASE LIST ANY REASONS YOU ARE NOT ABLE TO WORK \_\_\_\_\_

**Previous Employment and Experience**

	Company	Position/Duties	Reason for Leaving	Supervisor/Manager	To	From
Name						
Address						
City & State		Salary:		Telephone:		
Name						
Address						
City & State		Salary:		Telephone:		
Name						
Address						
City & State		Salary:		Telephone:		
Name						
Address						
City & State		Salary:		Telephone:		

## Education

Please begin with the most recent education

School or Trade		Graduate
Name		Yes ___ No ___
City & State		Grad. Year
Name		Yes ___ No ___
City & State		Grad. Year
Name		Yes ___ No ___
City & State		Grad. Year
Name		Yes ___ No ___
City & State		Grad. Year

## Personal Reference

Please provide three personal references other than family that we may contact

	Name	Relationship	Address	Telephone
1				
2				
3				

Please describe how you would benefit our company

Please describe what you expect from us as a company

Please answer the following questions.

Do you have any disabilities that would limit you from performing the position you are applying for? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

If currently employed, could we contact your employer? Yes \_\_\_ No \_\_\_

Have you ever been asked to leave or resign from a position? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ Please explain \_\_\_\_\_

Please sign and date

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Signature
Date