

In compliance with Federal and State equal employment opportunity laws, applicants are considered for positions without discrimination on the basis of race, color, religion, sex, national origin, age, citizenship, marital status, disability or any other protected classification made unlawful by applicable federal, state or local laws.



Position applied for _____

Employment Application

In order for you to be considered for employment this application must be filled out **COMPLETELY**. Please **PRINT** plainly and answer **ALL** questions even if you are submitting a resume. All applicants are subject to a background check.

Personal Information

NAME			SS#	
Last	Middle Name	First		
ADDRESS				
Street	City	State	Zip	
CONTACT			REFERRED BY	
Home Tel.	Cell	E-mail		

If you are under the age of 21 and applying for a position that requires you to serve alcohol, please state your date of birth _____

Are you authorized to work in the United States? **Yes** **No**

Have you ever been convicted?..... **Yes** **No**

If Yes, please give details _____

Can you perform the essential functions required by the job for which you are applying either with or without reasonable accommodations?..... **Yes** **No**

Will you abide by the safety rules of this company?..... **Yes** **No**

Do you agree to keep confidential and not disclose any of the Company's information?..... **Yes** **No**

Do you have any health problems or physical disabilities that could affect your employment?..... **Yes** **No**

If Yes, please give details _____

Do you now have or have you had in the last twelve months any contagious diseases, gastrointestinal infections, hepatitis or salmonella?..... **Yes** **No**

If Yes, please give details _____

Availability

Are you available to work full time? Yes No		Are you able to work during major holidays? Yes No
When can you start? _____	MONDAY	TUESDAY
	WEDNESDAY	THURSDAY
	FRIDAY	SATURDAY
	SUNDAY	
Indicate hours you are available to work by filling in the boxes to the right	FROM	
	TO	
What type of transportation will you use to commute to work? _____ How long will it take for you to get to work? _____		

Work Experience

(Start with the most recent)

Employer		Address		Dates Employed	
				From	to
Position Held		Hourly Wage or Salary		Supervisor's Name/Title	
May we contact ?		Phone #		Reason for Leaving	
YES	NO				

Employer		Address		Dates Employed	
				From	to
Position Held		Hourly Wage or Salary		Supervisor's Name/Title	
May we contact ?		Phone #		Reason for Leaving	
YES	NO				

Education

High School Name and Location		Years Completed		Did you graduate?	
College Name and Location			Years completed		Degree
Other training or workshops you have attended				Skills acquired	

References

Name		Phone#		Years Known	
Name		Phone#		Years Known	

Please read the following carefully and sign below

I declare that I am qualified to perform all the duties of the position I am seeking. I also declare that the information provided in this Application is correct and that any false statements or omissions will justify my rejection for or dismissal from employment.

I authorize the Company to conduct any necessary investigations regarding my background (including inquiries of me, prior or current employers, schools, any other persons, institutions, businesses, motor vehicle records, court records and criminal records) as it relates to the position I am seeking and to the extent permitted by federal, state and local law. I agree to complete all authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information. I will agree, if required, to a drug test, paid for by the Company.

I understand and agree that this application for employment does not create a contract for employment or a guarantee of employment. I understand and agree that if I am hired, my employment is "AT-WILL" which means that my employment is for no definite period of time and either the Company or I may terminate the employment relationship with or without cause at any time, with or without any advance notice. I understand that no manager or representative of the Company has the authority to enter into any agreement for employment different from these terms, unless it is set forth in a written agreement signed by a President of the Company. I understand that the Company, in its sole discretion, may at any time change its personnel policies and may also change my job description, responsibilities, wages and benefits.

I hereby acknowledge that I have read and understand the statements as described above, that I voluntarily agree to them and that if I am hired I will be an "AT-WILL" employee.

Signature _____ **Date** _____