



Prior to employment, a mandatory drug test is required.

_____ Date

<i>Please Print of Type</i>		
Last Name	First Name	Middle
Street Address		
City	State	Zip
Phone		

Position Desired	Hours available to work
Full Time <input type="checkbox"/>	Social Security #
Part Time <input type="checkbox"/>	Rate of pay desired
Are you of legal age to server Alcoholic Beverages in this state?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you eligible to receive any and all permits/licenses required by law?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Previous Employment History

List your positions of the past ten years. List the most recent employer first. Use additional sheets if needed

(1)
Employer (Most recent)
Address City State Phone
From To
Dates Employed Supervisor
Position Held Rate of Pay
Duties
Reason for Leaving Involuntary or Voluntary
(3)
Employer
Address City State Phone
From To
Dates Employed Supervisor
Position Held Rate of Pay
Duties
Reason for Leaving Involuntary or Voluntary

(2)
Employer
Address City State Phone
From To
Dates Employed Supervisor
Position Held Rate of Pay
Duties
Reason for Leaving Involuntary or Voluntary
(4)
Employer
Address City State Phone
From To
Dates Employed Supervisor
Position Held Rate of Pay
Duties
Reason for Leaving Involuntary or Voluntary

What source referred you to our company?				
Have you ever worked for our company? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, where?		From	To	Reason for leaving
List of names and positions of any relatives employed at this location				
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe				
Education				
Circle highest grade		1 2 3 4 5 6 7 8 9 10 11 12	College 1 2 3	Degree/License
Name of last school attended:				
Typing Speed		Shorthand Speed	Business Machines Operated	
What other language than English do you speak fluently?				
United States Military Service				
Military Experience		Yes <input type="checkbox"/> No <input type="checkbox"/>	Skills:	
Selective Service Class or Reserve Status:				
Personal References				
List the Name, Address, Telephone Number and relationship of three individuals who will act as a personal references:				
1.)				
2.)				
3.)				
Public Law 91-508 requires that we advise you that a routine inquiry may be made during our initial or subsequent processing of your application which will provide applicable information concerning character, general reputation, personal characteristic and mode of living. Upon written request, additional information regarding the inquiry, if one is made, will be provided.				
Federal Law prohibits the company from hiring any person unless he/she presents documents which establish his/her identity and eligibility to work in the United States. Therefore the company will require that each new hire present such documents as a condition of employment.				
Our company is an equal opportunity employer and does not discriminate in hiring or employment in accordance with the requirements of all applicable state and federal laws, on the basis of race, color, creed, sex, national origin, age or physical or mental disabilities unrelated to job requirements.				
I understand that the company is in no way obliged to provide employment and that I am in no way obligated to accept employment. I understand that my employment is terminable-at-will, that I am not being employed for any specific time, and that this application is not, and is not intended to be, a contract for continued employment.				
The use, possession, or being under the influence of illegal drugs or alcohol on the job is prohibited and will result in disciplinary action, up to and including termination of employment. I hereby agree to submit to any lawful drug testing that may be required as a condition of employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.				
I certify that any misrepresentation made in this application will be sufficient causes for cancellation of this application and/or for my separation from the company.				
I certify that if employed, I will abide by all company rules and regulations. I certify that the above statements have been read by me and that the statements I have made on this application are true and correct.				
Date:		Signature:		
<i>Do Not Write Below This Line – For Office Use Only</i>				
Interview by:		Referred to:		Date:
<i>~ To Be Completed by Department Head If Employed ~</i>				
Department:			Position:	
Report to Work Date:		Time:	AM or PM	Rate of Pay: Per:
Authorized By:				
Person to Contact in Case of Emergency:				