



**AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT**

**In order for you to be considered for employment, this application must be filled out in its ENTIRETY.
Resumes, though certainly welcome, should not be submitted in lieu of information requested below.**

GENERAL

Date: _____
Month Day Year

Name: _____
First Middle Last

Present Address: _____
(If less than 2 years At current address) Street City State Zip

Previous Address: _____
Street City State Zip

Age Birth Date Day Phone: ()

If Under 21: _____ If Under 21: _____ Evening Phone () _____
Month Day Year If none, give contact number

Are you legally able To work in the United States? Yes No (Proof of identity and legal authority to work in the U.S. is a condition of employment.) _____

(SPECIFIC POSITION MUST BE LISTED FOR THIS APPLICATION TO BE CONSIDERED.) For what position are you applying?
 Server Host Bartender Busser/Foodrunner Expected Starting Hourly Rate

Line Cook Prep Cook Dishwasher Expediter Expected Weekly Earnings: _____

Who referred you to The Pub & Restaurant? _____ Date available for employment _____

Are you presently or have you ever been employed by The Pub & Restaurant? Yes No

Have you ever been convicted of a felony which has not been annulled or sealed by a court? Yes No If yes, please explain above:
(Convictions will not necessarily exclude you from employment, but date and type of conviction may be considered for job placement.) _____

Relatives Employed by The Pub & Restaurant:

Name Location: Relationship:

(Relatives employed by the company will not necessarily exclude you from employment but will be considered for job placement to avoid direct supervisory relationship between relatives)

WORK SCHEDULE AVAILABILITY

What shifts are you available to work? (Please list hours in each AM/PM box)

SHIFT	MON	TUES	WED	THUR	FRI	SAT	SUN
AM	To	To	To	To	To	To	To
PM	To	To	To	To	To	To	To

Are you willing to work a split shift? Yes No Are you willing to stay late in an emergency? Yes No

Are you willing to work holidays/weekends? Yes No How many hours per week do you expect to work? _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION OF SCHOOL	COURSES MAJORED IN	LAST YEAR COMPLETED		
High School				9 10 11 12	Diploma Yes <input type="checkbox"/> No <input type="checkbox"/>	Grade Avg
College/Other				1 2 3 4	Degree Yes <input type="checkbox"/> No <input type="checkbox"/>	Grade Avg

VOLUNTEER & MILITARY EXPERIENCE

Volunteer Experience: (Exclude activities relating to race, color, ancestry, age, national origin, gender or disability) _____

Skills acquired: _____

U.S. Military Experience (If applicable) _____

Skills acquired: _____

BUSINESS EXPERIENCE

(List most recent three employers)

NAME AND ADDRESS OF COMPANY: _____

TELEPHONE NUMBER: _____

EMPLOYMENT DATES: _____

JOB TITLE: _____

PAY RATE: _____

REASON FOR LEAVING: _____

NAME OF SUPERVISOR: _____

NAME AND ADDRESS OF COMPANY: _____

TELEPHONE NUMBER: _____

EMPLOYMENT DATES: _____

JOB TITLE: _____

PAY RATE: _____

REASON FOR LEAVING: _____

NAME OF SUPERVISOR: _____

NAME AND ADDRESS OF COMPANY: _____

TELEPHONE NUMBER: _____

EMPLOYMENT DATES: _____

JOB TITLE: _____

PAY RATE: _____

REASON FOR LEAVING: _____

NAME OF SUPERVISOR: _____

<p>FOR OFFICE USE ONLY: Interview date: _____ Interviewer Initials: _____</p> <p>Position Offered: _____ Accepted? Y N</p> <p>Start Date: _____ Start Time: _____ am pm; Starting Rate: _____</p>
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INFORMATION FOR APPLICANT

READ CAREFULLY YOU WILL NEED TO SIGN YOUR APPLICATION WHEN YOU FEEL YOU HAVE PROVIDED ALL INFORMATION REQUESTED. BY SIGNING THE APPLICATION YOU ARE CONFIRMING ALL INFORMATION IS TRUE AND CORRECT.

I UNDERSTAND THAT ANY FALSE ANSWERS OR STATEMENTS OR ANY MISLEADING OMISSIONS MADE BY ME ON THIS APPLICATION OR IN CONNECTION WITH THE PROCESSING OF MY APPLICATION, INCLUDING BUT NOT LIMITED TO FALSE ANSWERS OR STATEMENTS OR MISLEADING OMISSIONS MADE DURING INTERVIEWS CAN BE SUFFICIENT GROUNDS FOR MY IMMEDIATE DISCHARGE. BY SIGNING THE APPLICATION, YOU ALSO UNDERSTAND AT ANY TIME DURING A TERMINATION YOU MUST SIGN A TERMINATION SHEET FORM WITH A MANAGER WITNESS TO RECEIVE YOUR FINAL PAYCHECK, WHICH WILL BE AVAILABLE TO YOU WITHIN 2 WEEKS OF LAST DAY WORKED.

THIS APPLICATION IS VALID FOR ONLY TWO MONTHS. IF YOU HAVE NOT BEEN EMPLOYED WITHIN 2 MONTHS OF YOUR APPLICATION, YOU MUST RE-APPLY IN ORDER TO RECEIVE FURTHER CONSIDERATION.

SIGNATURE _____ **DATE** _____

INTERVIEWER: _____ **DATE** _____