

APPLICATION FOR EMPLOYMENT

| LAST NAME | FIRST NAME | MIDDLE INITIAL | DATE | | |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------|--------------------------------------------------|-------------------|-------------------|
| STREET ADDRESS | | | HOME PHONE () - | | |
| CITY, STATE, ZIP | | | BUSINESS PHONE () - | | |
| ARE YOU AVAILABLE FOR FULL-TIME WORK? | | | SOCIAL SECURITY NUMBER - - | | |
| POSITION DESIRED | | | PAY EXPECTED | | |
| IF APPLICATION IS FOR A WAITER OR BARTENDER POSITION, DO YOU HAVE A STATE LICENSE TO SERVE OR MIX ALCOHOLIC BEVERAGES? | | | WHEN WILL YOU BE AVAILABLE TO BEGIN WORK? | | |
| HAVE YOU EVER APPLIED FOR EMPLOYEMENT WITH US? | | | WILL YOU WORK OVERTIME IF ASKED? | | |
| OTHER SPECIAL TRAINING SKILLS? | | | | | |
| HOW DID YOU LEARN OF OUR ORGANIZATION? | | | | | |
| ARE YOU LEGALLY ELIGIBLE FOR EMPLOYEMENT IN THE UNITED STATES? | | | | | |
| EDUCATION | | | | | |
| SCHOOL | NAME AND LOCATION OF SCHOOL | COURSE OF STUDY | YEARS COMPLETED | DID YOU GRADUATE? | DEGREE OR DIPLOMA |
| COLLEGE | | | | | |
| HIGH | | | | | |
| OTHER | | | | | |
| ACCOUNTING INFORMATION | | | | | |
| MARITAL STATUS: | | 0 MALE 0 FEMALE | ARE YOU A U.S. CITIZEN? | | |
| ARE YOU 18 YEARS OF AGE OR OLDER? 0 YES 0 NO | | | HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? | | |
| IN CASE OF EMERGENCY, PLEASE NOTIFY: | | | | | |
| RELATIONSHIP: | | | PHONE NUMBER: | | |
| THEIR ADDRESS: | | | | | |

EMPLOYMENT INFORMATION

| | |
|-------------------------------------------------|-------------------------------------------------------------------------------------|
| COMPANY NAME: | TELEPHONE NUMBER: () - |
| ADDRESS OF COMPANY: | EMPLOYED FROM : TO: |
| NAME OF SUPERVISOR: | WEEKLY PAY AT TIME OF STARTING: WEEKLY PAY AT TIME OF LEAVING: |
| STATE JOB TITLE AND DESCRIBE TYPE OF WORK DONE: | REASON FOR LEAVING: |
| | |
| COMPANY NAME: | TELEPHONE NUMBER: () - |
| ADDRESS OF COMPANY: | EMPLOYED FROM : TO: |
| NAME OF SUPERVISOR: | WEEKLY PAY AT TIME OF STARTING: WEEKLY PAY AT TIME OF LEAVING: |
| STATE JOB TITLE AND DESCRIBE TYPE OF WORK DONE: | REASON FOR LEAVING: |
| | |
| COMPANY NAME: | TELEPHONE NUMBER: () - |
| ADDRESS OF COMPANY: | EMPLOYED FROM : TO: |
| NAME OF SUPERVISOR: | WEEKLY PAY AT TIME OF STARTING: WEEKLY PAY AT TIME OF LEAVING: |
| STATE JOB TITLE AND DESCRIBE TYPE OF WORK DONE: | REASON FOR LEAVING: |
| | |

OTHER INFORMATION

HAVE YOU EVER BEEN BONDED?

YES NO IF YES, WITH WHAT EMPLOYERS? _____

HAVE YOU BEEN CONVICTED OF A CRIME IN THE LAST TEN YEARS, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAVE NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT?

YES NO IF YES, PLEASE DESCRIBE IN FULL

STATE NAMES OF RELATIVES AND FRIENDS WORKING FOR US _____

HAVE YOU RECEIVED WORKMAN'S COMPENSATION OR DISABILITY INCOME PAYMENTS? YES NO

IF YES, PLEASE DESCRIBE _____

DO YOU HAVE PHYSICAL LIMITATIONS WHICH DO NOT ALLOW YOU TO PERFORM CERTAIN JOBS? YES NO

IF YES, PLEASE DESCRIBE _____

THE INFORMATION PROVIDED IN THIS APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT AND COMPLETE. IF EMPLOYED, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION MAY RESULT IN DISMISSAL. I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE. IF YOU DECIDE TO ENGAGE AND INVESTIGATIVE CONSUMER REPORTING AGENCY ON MY CREDIT AND PERSONAL HISTORY, I AUTHORIZE YOU TO DO SO. IF A REPORT IS OBTAINED YOU MUST PROVIDE AT MY REQUEST, THE NAME AND ADDRESS OF THE AGENCY SO I MAY OBTAIN FROM THEM THE NATURE AND SUBSTANCE OF THE INFORMATION CONTAINED IN THE REPORT.

DATE: _____

SIGNATURE: _____