



APPLICATION FOR EMPLOYMENT

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, citizenship, age, disability, marital status, veteran/military status, or any other consideration made unlawful by applicable federal, state, or local laws.

In order for you to be considered for employment, this application must be filled out COMPLETELY. Please write "N/A" if information is not applicable. Résumés, though welcome, should not be submitted in place of the information requested below.

First Name	Middle Initial	Last Name	Today's Date	
Street Address	Apt. #	City	State	Zip
Phone No.	Alt. Phone No.			

What position are you applying for: _____

1. If hired, can you present evidence that you are legally able to work in the United States? *(Proof of identity and legal authority to work in the United States is a condition of employment.)* • Yes • No
2. If hired, can you submit proof of legal age to work in this state? • Yes • No
3. Are you of legal age to serve alcohol in this state? • Yes • No

As an adult, have you been convicted of a felony or pled guilty to a felony resulting in conviction, which conviction has not been annulled, erased, expunged, vacated, set aside, sealed by the Court, or referred to a diversion program? Yes____ No____ *Conviction will not necessarily disqualify an applicant from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, rehabilitation, and job-relatedness will be considered when making any employment decisions. If your answer is "yes," please explain the circumstances surrounding such offense, including place, date, name of court, etc.*

4. Have you ever been terminated from a job? •Yes •No
5. If yes, how many jobs have you been terminated from? 1 2 3 4 or more
6. You want to work: Part-time (____ hours per week) Full-time (____ hours per week)
7. Do you presently have a job that you intend to keep? Yes No

8. In the table below, please indicate the days you **CAN** work. **List the earliest and latest times you CAN work.** Please account for travel time to and from other obligations (e.g., sports, classes, meetings, etc.). Being on time for a shift is mandatory. Simply write open if you can work anytime during that shift.

	Monday	Tuesday	Wed	Thrs	Friday	Saturday	Sunday
AM							
PM							
LATE NIGHT							

9. Do you have a reliable means of transportation to and from work for the days and times you are available? Yes No

10. Are you available to work holidays and weekends? Yes No

11. We may conduct training on days, or at times, you have other obligations. Is your schedule flexible so you may come to training? Yes No

14. Are you, or do you plan to be, in school or taking courses at any time while working here? Yes No

15. If you have other obligations or commitments that may affect your schedule (such as travel plans) please indicate the particular dates and times that you will be unavailable. *(You may omit any information indicating legally protected characteristics such as race/color, religion, sex, national origin, citizenship, age, disability, marital status, or veteran/military status.)* _____

Education	Name and location of school	Last year completed	Courses majored in	Graduate? Degrees
Highschool		9 10 11 12		Diploma?
College		1 2 3 4 5		
Other				

16. Employment History:

Dates of Employment Month/Year	Company Name & Address	Position	Supervisor Name, Title, Phone Number	Avg. Hours Worked per Week	Base Salary (verifiable by W-2)	Reason for Leaving
Most Recent Job ____/____ to ____/____						
May we contact this employer? Yes 0 No 0						
Prior Job ____/____ to ____/____						
May we contact this employer? Yes 0 No 0						
Prior Job ____/____ to ____/____						
May we contact this employer? Yes 0 No 0						

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

18. Personal References (other than immediate family):

Name		Relationship to you:			
Street Address	Apt. #	City	State	Zip	
Phone No.		Alt. Phone No.			

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 investigation regarding my background (including inquiries of me, prior or current employers, schools and other persons, institutions, or businesses, and checking 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 the required 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 to a drug test, if permitted by law, and if required by the Company, to be paid for by the Company. (The results of any drug tests may, consistent with applicable law, be used to make employment decisions, including decisions relating to hiring and continued employment.) 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 only the executive management may change the AT-WILL status of any applicant or employee and may only do so in writing. I understand that any policies or procedures implemented by the Company in the event of my employment do not alter my AT-WILL employment status. 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. The Agreement to Arbitrate accompanying this Application must be read and signed in order to be considered for employment with the Company. By signing the Agreement to Arbitrate I understand that the employment AT-WILL relationship will not be altered.

I HEREBY ACKNOWLEDGE AND UNDERSTAND THE NOTICE AS DESCRIBED ABOVE AND THAT IF I AM HIRED I WILL BE AN AT-WILL EMPLOYEE.

SIGNATURE: _____

DATE: _____