

Application for Employment

Please print legibly in ink. Answer all questions on the application completely and accurately.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ APT#: _____

City: _____ State: _____ Zip: _____ SSN: _____

Home Phone: _____ Cell Phone: _____

Are You 21 years of age or older? YES NO

Date of Birth: _____

Have you ever been convicted of a felony? YES NO

If YES, state the nature of the offense, where and when it occurred, and the sentence imposed: _____

Have you ever been convicted of a misdemeanor? YES NO

If YES, please explain (do not include traffic violations): _____

How did you learn of this position? Newspaper Ad Walk-In Other _____

EMPLOYMENT DESIRED

Position Desired: _____ Date Available: _____ Wage Desired: _____

Are you applying for: FULL TIME or PART TIME

Total hours available per week: _____

Do you have reliable transportation?: YES NO

Are there any limitations to your work hours (i.e. can't work nights, weekends, etc): YES NO

If YES, please explain: _____

HOURS AVAILABLE (please list the hours you are available to work per day.):

	MON	TUE	WED	THU	FRI	SAT	SUN
FROM:							
TO:							

EXPERIENCE

Please list your last 3 Employers beginning with the most recent.

1) Name of Employer: _____ Phone Number: _____
Address: _____ City: _____ State: _____
Employed FROM: _____ TO: _____ Salary/Wage:\$ _____
Position Held: _____ Supervisor's Name: _____
Was your position: FULL TIME PART TIME TEMPORARY
Reason for Leaving: _____

2) Name of Employer: _____ Phone Number: _____
Address: _____ City: _____ State: _____
Employed FROM: _____ TO: _____ Salary/Wage:\$ _____
Position Held: _____ Supervisor's Name: _____
Was your position: FULL TIME PART TIME TEMPORARY
Reason for Leaving: _____

3) Name of Employer: _____ Phone Number: _____
Address: _____ City: _____ State: _____
Employed FROM: _____ TO: _____ Salary/Wage:\$ _____
Position Held: _____ Supervisor's Name: _____
Was your position: FULL TIME PART TIME TEMPORARY
Reason for Leaving: _____

EDUCATION

LEVEL	NAME & LOCATION OF SCHOOL	DIPLOMA/DEGREE & DATE RECEIVED
HIGH SCHOOL		
COLLEGE		
GRADUATE SCHOOL		
VOCATIONAL, TECHNICAL, OR OTHER SCHOOL		

REFERENCES

Please list the names of 3 persons whom you have known for at least ONE YEAR. DO NOT include relatives.

1) Name: _____ Years Acquainted: _____

Address: _____ City: _____ State: _____

Position / Company: _____ Phone Number: _____

2) Name: _____ Years Acquainted: _____

Address: _____ City: _____ State: _____

Position / Company: _____ Phone Number: _____

3) Name: _____ Years Acquainted: _____

Address: _____ City: _____ State: _____

Position / Company: _____ Phone Number: _____

PLEASE READ AND SIGN THE BOTTOM OF THE APPLICATION

1. I declare that all statements and answers in this application are true and complete in all respects. I acknowledge and agree that any false statement, misleading answer, omission, or failure to answer any question fully, completely, and accurately will be grounds for terminating my employment irrespective of when the information is discovered.
2. I authorize The Garage Pub & Grill, at any time prior to or during my employment, to: a) investigate my references; b) communicate with my former employers; c) conduct an independent investigation of my character, conduct and employment record, including, without limitation, a criminal background check and/or request a credit report and/or request and investigative background credit report. I understand, that the results of investigation or background checks may be kept and preserved. Additionally, I release all parties from all liability for any damage that may result from furnishing information to The Garage Pub & Grill.
3. If employed, I agree to read any and all Associate Handbooks and comply with all Company rules, regulations, and policies whether set forth in the Associate Handbooks or otherwise. The Company, in its sole discretion, may amend, change, modify or delete the Associate Handbooks or its rules, regulation and policies at any time.
4. I UNDERSTAND THAT ALL EMPLOYEES OF THE COMPANY ARE EMPLOYEES AT WILL AND THAT IF EMPLOYED, MY EMPLOYMENT WITH THE COMPANY MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT REASON OR NOTICE. Nothing contained in the Associate Handbooks or any other documentation provided to an Associate is intended to limit, modify, change, or amend the at will nature of employment with the Company. Any salary figures provided to an Associate in annual, monthly, or hourly terms are stated for the sake of convenience or to facilitate comparisons and are not intended and do not create an employment contract for any specific period of time. I understand that no person other than the Company's Owners and/or General Counsel has the authority to agree to modify or change the at-will nature of my employment and that any such modification or changed must be in writing and signed by the Company's Owners and/or General Counsel.
5. I agree that upon termination of my employment I will return all Company property and records in my possession to Company Owners.

SIGNATURE OF APPLICANT

DATE