



Saloon & Grill

APPLICATION FOR EMPLOYMENT:

DATE: / /

Name: _____

LAST

FIRST

MIDDLE

PRESENT ADDRESS:

NUMBER

STREET

CITY

STATE

ZIP

How Long: _____.

Telephone: (____) _____ - _____.

Are You 18 Years Or Older: Yes / No .

Position Applied For: _____.

Days/Hours Available To Work:

SUN: _____	CLOSED	THUR: _____
MON: _____		FRI: _____
TUES: _____		SAT: _____
WED: _____		

How Many Hours A Week: _____ . Can You Work Nights? Yes / No .

Employment Desired: Full Time / Part Time / Either . When Available To Start: _____.

Have You Ever Been Convicted Of A Felony? Yes / No . If Yes Please Explain: _____.

Schooling:

TYPE OF SCHOOL	NAME OF SCHOOL	MAILING ADDRESS	YEARS COMPLETE	MAJOR/DEGREE
High School				
College				
Bus. or Trade School				

Work Experience: (Please list your work experience in the past five years beginning with the most recent.
Attach additional sheets if necessary.)

Name: Address:	Name of supervisor _____	Employment Dates: From: To:	Salary: _____ Start: Finish:
Reason for Leaving:			
Please list jobs held, duties performed, skills used or learned, advanced or or promotions:			
			May we contact them:

Name: Address:	Name of supervisor _____	Employment Dates: From: To:	Salary: _____ Start: Finish:
Reason for Leaving:			
Please list jobs held, duties performed, skills used or learned, advanced or or promotions:			
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Name: Address:	Name of supervisor _____	Employment Dates: From: To:	Salary: _____ Start: Finish:
Reason for Leaving:			
Please list jobs held, duties performed, skills used or learned, advanced or or promotions:			
			May we contact them:

Emergency Contact: _____ () - _____
 FIRST LAST PHONE

Two References:

Full Name and Relation:	Full Name and Relation:
Phone:	Phone:

I Certify that the above information is true and correct:_____.

SIGNATURE