

HOOK, LINE & DRINKERS

Employment Application

Applicant Information					
Full Name:				Date:	
Address:				Apt:	
City:			State:	Zip:	
Phone:	()	E-mail Address:			
Date Available:		Social Security No.:		Desired Salary: \$	
Position Applied for: Kitchen <input type="checkbox"/> Bartender <input type="checkbox"/> Cocktail Server <input type="checkbox"/> Other <input type="checkbox"/> Explain:					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you over the age of 21?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If yes, explain:					

Education					
High School:			City, State:		
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:			City, State:		
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:			City, State:		
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

References		
Full Name:		Relationship:
Company:		Phone: ()
Address:		

Full Name:		Relationship:
Company:		Phone: ()
Address:		

Full Name:		Relationship:
Company:		Phone: ()
Address:		

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Previous Employment		
Company:		Phone: ()
Address:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Company:		Phone: ()
Address:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Company:		Phone: ()
Address:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Military Service		
Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

Disclaimer and Signature	
<i>I certify that my answers are true and complete to the best of my knowledge.</i> <i>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</i>	
Signature:	Date: