

Employment Application

| Name (Print in Ink) | | | | | | | Date | | | | | | | | |
|---|--|------------------|--|--------|-------------|--|---|-----------------|-----------------|-----------|---------------------------|-----------|------------------------|--|--|
| Current Addres | is | | | | | | | | | | | | | | |
| E-mail address | | | | | | | Phone Number () | | | | | | | | |
| Position(s) applying for (Must check specific position listed to be considered) | | | | | | | Did someone refer you to apply for this position? ☐ Yes ☐ No | | | | | | | | |
| ☐ Server ☐ Bartender ☐ Busser | | | | | | | If yes, who? | | | | | | | | |
| ☐ Event Chef ☐ Prep Cook ☐ Warehouse | | | | | | | | | | | | | | | |
| Are you over the age of 18? ☐ Yes ☐ No | | | | | | | Do you have the legal right to work in the United States? ☐ Yes ☐ | | | | | | | | |
| | | | | | | | _ | nolicy | nf this | emplo | over to hire on! | lv United | d States Citizens or | | |
| requirement to serve alconoi? □ Yes □ No | | | | | | | individu | ials au | uthorized | d to w | ork in the Unit | ted State | es. All employees must | | |
| List relatives ar | Inc. | | Social Security #: | | | | | | | | | | | | |
| Livi 12.2 | address address address n(s) applying for (Must check specific position listed to be considered) ver | | | | | | | | | | | | | | |
| | | | Phone Number () Did someone refer you to apply for this position? Yes No If yes, who? | | | | | | | | | | | | |
| Work Schedo What shifts/ho box) | ule Availability ours are you availa | early | as 5AN | √ and | end as l | end as late as 2AM (please list start & end times in each Lunch & Di | | | | | each Lunch & Dinner shift | | | | |
| DAY | MON | TUES | WED | | THUR | i | FR | .I | | | SAT | | SUN | | |
| AM PM | | <u> </u> | | | | | - | | | | | | | | |
| | to work a split shif | H2 TVAS TNO Are | L wou willing | to sta | ev late i | in an e | mergenc | '\? □' | V <u>a</u> c∏ N | No. | | | <u> </u> | | |
| | | | | | | | | | | | | | | | |
| Are you willing Education | • | | . ∐ NO is | • | | | | | | | | | uate? List | | |
| Ludodion | Numo una recu | ition of solids. | | Luc | it you | Comp | ICICA | | ourses | 3 1116 | jorca III | | | | |
| High School | | | 9 | 10 | 11 | 12 | | | Diplo | ma: Yes | No | | | | |
| College | 1 | 2 | 3 | 4 | | | | | | | | | | | |
| Other | | | | L | | | | | | | | | | | |
| Have you been convicted of a felony, or been incarcerated in connection with a felony, in the past 10 years? (You do not have to disclose any convictions that have been annulled, expunged, erased, pardoned, or sealed by a court). A conviction will not necessarily exclude you from employment. If you answered "Yes," please explain | | | | | | | | | | | | | | | |
| Work History | | | | | ation c | omple | etely | | | | | | | | |
| 1 st Job Company Name | | | | | | | | | | | | | | | |
| | | | | | / INGING | - <u></u> | | | | | | | | | |
| | | | | | ear | | | | | | | | | | |
| To Month/Year | | | | | | | | | | | | | | | |
| Reason for Leaving : | | | Rea | son fo | r Leavir | ng : | | Reason for Leav | | | on for Leaving | j : | | | |
| May we contact previous employers? | | | | Yes □ |] No | | | ☐ Yes ☐ No | | | es 🗆 No | | | | |
| Current Comp | any Name | | | | | | | | | | | | | | |
| Current Compa | iny Address | | | | | | | | | | | | | | |
| Current Compa | ny Phone Number | | | | | | | | | | | | | | |
| Name and Title | of Immediate Super | rvisor | | | | | | | | | | | | | |
| Date | | | Job ' | Tittle | | | | | | - | | | | | |
| | levant references | | | | Dhai | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | |
| | | | Phone: | | | | | | | | | | | | |
| I certify the facts set forth in my application are true and complete. I understand and agree that, if employed, any misrepresentation, false statements, or omission of facts on this application may result in dismissal. As part of the process, a background check will be completed. | | | | | | | | | | | | | | | |
| Signature of A | Signature of Applicant Date | | | | | | | | | | | | | | |