

The Bar - Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

**** PLEASE PRINT CLEARLY ****

Position(s) applied for _____ Date ____ / ____ / ____

How did you find out about this job? Newspaper Employee Walk-in Relative Other _____

Why are you seeking a new job at this time? _____

Applicant Information

First Name _____ Middle _____ Last _____

Street Address _____ Social Security No. _____

City/State/Zip _____ Phone (____) _____

If hired, do you have a reliable means of transportation to get to work? ____ Describe _____

Are you at least 18 years old? _____ If you are under 18 years of age, can you furnish a work permit? _____

If the job you are applying for requires driving: Driver's License No. _____ State _____ Expiration Date _____

Are you legally eligible for employment in the U.S.? ____ (Proof of U.S. citizenship or immigration status is required if hired.)

Have you been convicted of a crime? Yes No If yes, state the nature of the offense and disposition of the case. Include dates and places.
(NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

Employment Information

Are you seeking full time, part time or temporary employment? _____

What hours and shift(s) would you prefer to work? _____

List times you are not available to work? _____

Are you willing to work overtime? ____ Weekends? ____ Holidays? ____

Are you currently employed? _____ If hired, when would you be able to start? _____

Have you ever worked for this organization before? _____ If yes, when: _____

List any friends or relatives employed by this company: _____

Have you ever been discharged or asked to resign from any position? _____ If yes, please describe:

If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform all these tasks with or without reasonable accommodation? _____ Please describe which tasks, if any, you will need accommodation to perform, and explain what type of accommodation you will need:

Education (circle highest level achieved)

Secondary: 9 10 11 12 G.E.D

College: 1 2 3 4 5 6 7 8

Name of School: _____

Name of School: _____

Location of School: _____

Location of School: _____

Degree & Major: _____

Work History (please begin with most recent)

Company _____

Phone No. with Area Code () _____

Address _____

City/State/Zip _____

Dates of Employment: From _____ To _____

Salary: Beginning _____ Ending _____

Job Title _____

Supervisor's Name & Title _____

Describe duties briefly: _____

Specific reason for leaving: _____

Company _____

Phone No. with Area Code () _____

Address _____

City/State/Zip _____

Dates of Employment: From _____ To _____

Salary: Beginning _____ Ending _____

Job Title _____

Supervisor's Name & Title _____

Describe duties briefly: _____

Specific reason for leaving: _____

Company _____

Phone No. with Area Code () _____

Address _____

City/State/Zip _____

Dates of Employment: From _____ To _____

Salary: Beginning _____ Ending _____

Job Title _____

Supervisor's Name & Title _____

Describe duties briefly: _____

Specific reason for leaving: _____

Company _____

Phone No. with Area Code () _____

Address _____

City/State/Zip _____

Dates of Employment: From _____ To _____

Salary: Beginning _____ Ending _____

Job Title _____

Supervisor's Name & Title _____

Describe duties briefly: _____

Specific reason for leaving: _____

For references purposes: Have you worked for any of these organizations or attended school under a different name?

If yes, give name and organization(s) _____

May we contact the employers listed above? ____ If not, list the employers you do not wish us to contact and why:

Authorizations & At-Will Employment Agreement

(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's General Manager is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature _____ Date _____

Name (please print) _____