



In compliance with Federal and State equal employment opportunity laws, it is this company's intention to consider all applicants without regard to race, color, religion, sex, national origin, age, marital status, disability, the presence of non-job related medical conditions or any other protected classification.

(PLEASE PRINT CLEARLY)

Social Security # _____ - _____ - _____

Application for position as _____ Today's Date _____

Name _____ Phone # (____) _____
FIRST MIDDLE LAST

Address _____ City _____ State _____ Zip _____

If you are under the age of 22, and applying for a position that requires you to serve alcohol, please state your date of birth: _____

Are you authorized to work in the United States? Yes No

Date able to start _____ Pay Expected _____

Are you available to work full time? Yes No How many hours do you expect to work a week? _____
Minimum Maximum

If not, what hours can you work? _____

Indicate the shifts you are available to work
 By marking an "X" in the boxes below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lunch							
Dinner							

High school attended _____ Did you graduate? Yes No

College attended _____ Numbers of years completed _____

Major / Minor _____ Did you graduate? Yes No

Please list any special abilities or knowledge which you have that are related to the job for which you are applying. (Please do not list those items which are related to race, sex, religion, color, national origin, age, marital status, disability or non-job related medical conditions): _____

In addition to work experience described in this application, what other experiences, skills or abilities do you have that should be considered in evaluating your qualifications for this job? _____

EMPLOYMENT EXPERIENCE (start with the most recent)

- Name of company _____ Dates of employment _____
 Name of Supervisor _____ Phone # _____
 Job Title _____ Reason for leaving _____
- Name of company _____ Dates of employment _____
 Name of Supervisor _____ Phone # _____
 Job Title _____ Reason for leaving _____
- Name of company _____ Dates of employment _____
 Name of Supervisor _____ Phone # _____
 Job Title _____ Reason for leaving _____