



Cada Vez

Employment Application

Applicant Information

Last Name:		First Name:		Middle Initial:	
Address:					
City:		State:		Zip Code:	
Phone:		Email:			
Are You Over 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Position Applied For:				<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Are you a citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, are you authorized to work in the US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes			<input type="checkbox"/> No	
If Yes Please Explain:					

Availability (check all that apply)

Lunch (10 AM - 4 PM) / Dinner (4 PM - Close)

Monday	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	Friday	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
Tuesday	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	Saturday	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
Wednesday	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	Sunday	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
Thursday	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner			

Previous Employment

Company	Dates Worked	Position	Starting Wage	Ending Wage	Reason For Leaving

References

Name	Relationship	Years Acquainted	Phone Number

Applicant Statement

By signing this application I certify that all of the information I have entered in to this application is true, complete and correct to the best of my knowledge. I understand that if I become employed, false statements on this application may be ground for dismissal and/or removal from consideration for employment. I understand that if hired, I am required to provide proper identification and legal authorization to work in the United States. I authorize investigation of all statements and information contained herein. I understand and agree that if I am hired, my employment with the company will be at will and for no certain or guaranteed length of time, or specific hours or work days.

I authorize investigation of employers listed above to provide any and all information concerning my previous employment and any pertinent information they may have, objective or subjective, and release the companies from all liability for damage that may result from utilization of such information. I authorize MSD Restaurant Group LLC dba Georgia Street Taphouse (Equal Opportunity Employers).

Signature: _____

Date: _____