BULLVINO'S®
BRAZILIAN STEAKHOUSE

EMPLOYMENT APPLICATION

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications. Please fill out all personal data.

PERSONAL DATA

NAME (LAST, FIRST, MIDDLE) | **DATE YOU CAN START WORK**

STREET ADDRESS AND/OR MAILING ADDRESS | **CITY** | **STATE** | **ZIP**

CELLPHONE NUMBER | **E-MAIL ADDRESS**

Are you 18 or older? ☐ Yes ☐ No

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

POSITION INFORMATION

Check every position you are applying for, and every shift you are willing to work.

☐ Host ☐ Server ☐ Bartender ☐ Busser

☐ Gaucho ☐ Brazilian Table ☐ Kitchen ☐ Dishwasher

☐ Customer Service ☐ Shift Leader ☐ Manager ☐ Other: _____

☐ Full Time ☐ Part Time

	MO	TU	WE	TH	FR	SA	SU	DESIRED HOURS PER WEEK
Lunch	☐	☐	☐	☐	☐	☐	☐	
Dinner	☐	☐	☐	☐	☐	☐	☐	

WORK HISTORY

Start with your present or most recent employment and work back. Use separate sheet if necessary.

JOB TITLE #1 | **START DATE (MO/DAY/YR)** | **END DATE (MO/DAY/YR)**

COMPANY NAME | **SUPERVISOR'S NAME** | **PHONE NUMBER**

CITY | **STATE** | **ZIP**

DUTIES

REASON FOR LEAVING

May we contact your present employer? ☐ Yes ☐ No ☐ N/A

WORK HISTORY, CONTINUED

JOB TITLE #2	START DATE (MO/DAY/YR)	END DATE (MO/DAY/YR)

COMPANY NAME	SUPERVISOR'S NAME	PHONE NUMBER

CITY	STATE	ZIP

DUTIES

REASON FOR LEAVING

JOB TITLE #3	START DATE (MO/DAY/YR)	END DATE (MO/DAY/YR)

COMPANY NAME	SUPERVISOR'S NAME	PHONE NUMBER

CITY	STATE	ZIP

DUTIES

REASON FOR LEAVING

REFERENCES

NAME #1	RELATIONSHIP	PHONE NUMBER

NAME #2	RELATIONSHIP	PHONE NUMBER

NAME #3	RELATIONSHIP	PHONE NUMBER

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

APPLICANT SIGNATURE	DATE