

The Yard Gastropub

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.

POSITION(S) APPLIED FOR _____ Date _____
LOCATION APPLIED FOR _____

APPLICANT INFORMATION:

FIRST NAME _____ MIDDLE _____ LAST _____

STREET ADDRESS _____

CITY/STATE/ZIP _____ EMAIL _____

PHONE (H) _____ PHONE (C) _____ SOCIAL SECURITY NO. _____

ARE YOU AT LEAST 18 YEARS OLD? _____ If under 18 years of age, can you furnish a work permit? _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? _____

ARE YOU WILLING TO WORK IN A SMOKE-FREE ENVIRONMENT? _____

ARE YOU WILLING TO WORK IN A CELL PHONE-FREE ENVIRONMENT? _____

HAVE YOU BEEN CONVICTED OF A CRIME? _____ YES _____ NO. If yes, state the nature of the offense and disposition of the case. Include date and places. (Note: the existence of a criminal record does not constitute an automatic bar to employment.)

ARE YOU A VETERAN? _____ IF YES, GIVE DATES OF SERVICE: FROM _____ TO _____

EMPLOYMENT INFORMATION:

ARE YOU SEEKING FULL TIME, PART TIME OR TEMPORARY EMPLOYMENT? _____

WHAT HOURS AND SHIFTS ARE YOU AVAILABLE TO WORK? _____

WHAT HOURS AND SHIFT (S) WOULD YOU PREFER TO WORK? _____

ARE YOU WILLING TO WORK OVERTIME? _____ WEEKENDS? _____ HOLIDAYS? _____

ARE YOU CURRENTLY EMPLOYED? _____ IF HIRED, WHEN WOULD YOU BE ABLE TO START _____

LIST ANY FRIENDS OR RELATIVES EMPLOYED BY THIS COMPANY:

EDUCATION (CIRCLE HIGHEST LEVEL ACHIEVED):

SECONDARY: 9 10 11 12 G.E.D COLLEGE: 1 2 3 4 5 6 7 8

NAME OF HIGH SCHOOL _____ LOCATION _____

COLLEGE _____ LOCATION _____

DEGREE & MAJOR _____ MINOR _____

WORK HISTORY: (PLEASE BEGIN WITH MOST RECENT)

COMPANY _____ PHONE NO. _____

ADDRESS _____

JOB TITLE _____ DATES OF EMPLOYMENT: FROM _____ TO _____

DESCRIBE SPECIFIC DUTIES:

SPECIFIC REASON FOR LEAVING:

SUPERVISOR'S NAME & TITLE

SALARY BEGINNING/ ENDING

WORK HISTORY:

COMPANY _____ PHONE NO. _____

ADDRESS _____

JOB TITLE _____ DATES OF EMPLOYMENT: FROM _____ TO _____

DESCRIBE SPECIFIC DUTIES:

SPECIFIC REASON FOR LEAVING:

SUPERVISOR'S NAME & TITLE

SALARY BEGINNING/ ENDING

WORK HISTORY:

COMPANY _____ PHONE NO. _____

ADDRESS _____

JOB TITLE _____ DATES OF EMPLOYMENT: FROM _____ TO _____

DESCRIBE SPECIFIC DUTIES:

SPECIFIC REASON FOR LEAVING:

SUPERVISOR'S NAME & TITLE

SALARY BEGINNING/ ENDING

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? _____ IF NOT, LIST THE EMPLOYERS YOU DO NOT WISH US TO CONTACT AND WHY:

SIGNATURE _____ PRINT _____ DATE _____