



# APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. We do not discriminate in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal or state law.

**\*\*Please complete entire application, including signature, to ensure processing. Use ink and print\*\***

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you less than 18 years old? ..... ☐ Yes ☐ No

Can you provide proof of authorization to work in the U.S.? ..... ☐ Yes ☐ No

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_

\*We require applicants to be available to work weekends & holidays

Please indicate the hours you are available to work:

Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lunch							
Dinner							

**\*\*Note: It is your responsibility to notify your supervisor should your availability change. Your employment is subject to your availability to work certain hours.**

Have you ever applied to Belly Up Tavern? ..... ☐ Yes ☐ No

If yes, when? \_\_\_\_\_

Have you ever worked for Belly Up Tavern? ..... ☐ Yes ☐ No

If yes, when? \_\_\_\_\_

Exact reason for leaving: \_\_\_\_\_

Do you have any relatives working for our Company?.. ..... ☐ Yes ☐ No

If yes, please list by name : \_\_\_\_\_

\*If you were referred by a current employee, please list their name here: \_\_\_\_\_

## EDUCATION

	Name & Location of School	No. Years Attended	Did You Graduate?	Degree(s) Received
High School				
College				
Other				

List skills relevant to the position applied for: \_\_\_\_\_

## ADDITIONAL INFORMATION

Why would you like to work here?

\_\_\_\_\_

What do you like about the hospitality business?

\_\_\_\_\_

## PREVIOUS EMPLOYMENT

Are you currently employed? ☐ Yes ☐ No If yes, may we inquire with your present employer? ..... ☐ Yes ☐ No



## PREVIOUS EMPLOYMENT (cont.)

Previous (or Current) Employer (Name & Address - Type of business): \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ If hourly, average number of hours worked per week: \_\_\_\_\_  
MO/YR MO/YR

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Was termination voluntary or involuntary? \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ May We Contact? ☐ Yes ☐ No

Previous Employer (Name & Address - Type of business): \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ If hourly, average number of hours worked per week: \_\_\_\_\_  
MO/YR MO/YR

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Was termination voluntary or involuntary? \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ May We Contact? ☐ Yes ☐ No

## APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

\_\_\_\_\_ I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.

\_\_\_\_\_ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

\_\_\_\_\_ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

\_\_\_\_\_ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

\_\_\_\_\_ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

**MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS. ALL TERMS ABOVE AND SIGNATURE BELOW MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT.**

Signature: \_\_\_\_\_ Full Name (print): \_\_\_\_\_

Date: \_\_\_\_\_