



AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

NAME		
SOCIAL SECURITY NUMBER		
STREET ADDRESS		
CITY	STATE	ZIP
PHONE - HOME	PHONE - WORK	

POSITION DESIRED	
DATE AVAILABLE FOR WORK	
FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>
ARE THERE ANY DAYS OR SHIFTS THAT YOU CAN NOT WORK? PLEASE SPECIFY	
ARE YOU AT LEAST 18 YEARS OLD	YES <input type="checkbox"/> NO <input type="checkbox"/>

IF RELATED TO ANYONE IN OUR EMPLOY, STATE NAME

HAVE YOU EVER WORKED HERE? GIVE DATES AND POSITION HELD:	YES <input type="checkbox"/> NO <input type="checkbox"/>
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WORK EXPERIENCE

List all of your previous experience beginning with your most recent position. Any false statements made with regard to the information below will result in refusal to hire. Termination from previous employment will not necessarily disqualify you from employment.

1 EMPLOYER	
ADDRESS	PHONE #
STARTING POSITION	STARTING SALARY
LAST POSITION	FINAL SALARY
DATES EMPLOYED FROM TO	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	

3 EMPLOYER	
ADDRESS	PHONE #
STARTING POSITION	STARTING SALARY
LAST POSITION	FINAL SALARY
DATES EMPLOYED FROM TO	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	

2 EMPLOYER	
ADDRESS	PHONE #
STARTING POSITION	STARTING SALARY
LAST POSITION	FINAL SALARY
DATES EMPLOYED FROM TO	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	

4 EMPLOYER	
ADDRESS	PHONE #
STARTING POSITION	STARTING SALARY
LAST POSITION	FINAL SALARY
DATES EMPLOYED FROM TO	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	

* Please circle the name of any employer or supervisor that you would prefer that we not contact.

EDUCATION AND TRAINING

LEVEL	SCHOOL NAME	NUMBER OF YEARS ATTENDED	GRADUATED	MAJOR
HIGH SCHOOL				
COLLEGE				
ADDITIONAL TRAINING				

WHICH LANGUAGES DO YOU SPEAK FLUENTLY?

PERMISSION TO WORK

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?

YES NO

FELONY CONVICTION RECORD

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? YES NO

IF YES, STATE DETAILS AND DATES

** CONVICTION OF A FELONY WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.

PERSONAL REFERENCES

NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER
1.			
2.			
3.			

PLEASE READ THE FOLLOWING AND SIGN YOUR NAME BELOW. . .

I certify that my answers to the questions on this application are true and give Pat O'Briens Bar, Inc. the right to investigate all references and information given. I agree that any false statement or misrepresentation on this application will be cause for refusal to hire or disciplinary action, including immediate dismissal. I authorize any reference or employer listed above to give you any and all information concerning my previous employment, and release the company from all liability for any damage that may result from utilization of such information. I agree that my employment may be terminated within the sole discretion of Pat O'Briens at any time without any liability for wages or salary except those that may have been earned at the time of termination. If requested by the management when entering or leaving the bar, I agree to submit to a search of my person and/or any packages I may have on my person, and I hereby waive all claims for damages on account of such examination.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the Chief Executive Officer of the Company.

DATE: _____ SIGNATURE _____

Pat O'Briens Bar, Inc. is an equal opportunity employer, and always endeavors to select the best qualified individual for the job based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, disability or other protected groups under state, federal or local Equal Opportunity Laws.