

THE INN PUB & GRILL

Employment Application

APPLICANT INFORMATION

Last Name				First			M.I.	Date		
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Date Available to Start				Social Security No.			Desired Salary			
Position Applied for										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for the Inn?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							

EDUCATION

High School				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

REFERENCES

Please list three professional references.

Full Name				Relationship						
Job				Phone						
Full Name				Relationship						
Job				Phone						
Full Name				Relationship						
Job				Phone						

PREVIOUS EMPLOYMENT

Company				Phone						
Address				Supervisor						

Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company			Phone	
Address			Supervisor	
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company			Phone	
Address			Supervisor	
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				

AVAILABILITY

	Morning	Afternoon	Evening	If, no please explain:
Monday	Yes / No	Yes / No	Yes / No	
Tuesday	Yes / No	Yes / No	Yes / No	
Wednesday	Yes / No	Yes / No	Yes / No	
Thursday	Yes / No	Yes / No	Yes / No	
Friday	Yes / No	Yes / No	Yes / No	
Saturday	Yes / No	Yes / No	Yes / No	
Sunday	Yes / No	Yes / No	Yes / No	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date