

Employment Application Brass Rail Sports Bar & Grill



Applicant Information

Full Name: _____ Date: _____

Last
First
M.I.

Address: _____

Street Address
Apartment/Unit #

City _____ State _____ ZIP Code _____

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Do you have a KC Liquor Card? YES NO And/Or KC Food Handlers Card? yes no

Have you ever been convicted of a felony? YES NO Due to State Liquor Laws, are you 21 years or older?

If yes, explain: _____

* If referred, Who referred you? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Hours Available to Work

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

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"/>		

Military Service

Branch:				From:		To:	
Rank at Discharge:			Type of Discharge:				
If other than honorable, explain:							

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:	
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