

**APPLICATION FOR EMPLOYMENT**

Applicants are not required to give any information on this form that is prohibited by Federal, State or local law.

|  |                          |                  |   |  |
|--|--------------------------|------------------|---|--|
| NAME: LAST   |                          | FIRST            | MIDDLE  | SOCIAL SECURITY NUMBER   |
| STREET ADDRESS: City   |                          |                  | State   | Zip Code   |
| HOME TELEPHONE NUMBER  |                          |                  | ALTERNATE PHONE NUMBER  |  |
| POSITION DESIRED   | PT                       | FT               | SALARY DESIRED  |  |
| DATE AVAILABLE TO START  | Circle Days You can Work |                  | PREFERRED HOURS   | Are you able to meet the attendance requirements of the position desired? YES NO |
|  |                          | M T W Th F Sa Su | Days Evening  |  |
| Were you previously employed by any division of our company? YES NO IF YES, Where? |                          |                  | Do you have friends/relatives working here? YES NO If yes, indicate name and relationship |  |
| DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S? YES NO                             |                          |                  | MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO  |  |

**EMPLOYMENT HISTORY**

**SHOW EVERY EMPLOYMENT -- BEGIN WITH THE LAST OR PRESENT EMPLOYER**

|                      |                                     |  |                      |                       |
|----------------------|-------------------------------------|--|----------------------|-----------------------|
| <b>DATES</b>         |                                     |  |                      |                       |
| Mo. & Yr.            | NAME _____                          |  | PHONE #(_____) _____ |                       |
| From: _____          | ADDRESS _____                       |  | CITY _____           | STATE _____ ZIP _____ |
| To: _____            | JOB TITLE(S) _____                  |  |                      |                       |
| Rate of Pay \$ _____ | NAME OF SUPERVISOR OR CONTACT _____ |  | DEPT. _____          |                       |
|                      | REASON FOR LEAVING _____            |  |                      |                       |
| <b>DATES</b>         |                                     |  |                      |                       |
| Mo. & Yr.            | NAME _____                          |  | PHONE #(_____) _____ |                       |
| From: _____          | ADDRESS _____                       |  | CITY _____           | STATE _____ ZIP _____ |
| To: _____            | JOB TITLE(S) _____                  |  |                      |                       |
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|                      | REASON FOR LEAVING _____            |  |                      |                       |
| <b>DATES</b>         |                                     |  |                      |                       |
| Mo. & Yr.            | NAME _____                          |  | PHONE #(_____) _____ |                       |
| From: _____          | ADDRESS _____                       |  | CITY _____           | STATE _____ ZIP _____ |
| To: _____            | JOB TITLE(S) _____                  |  |                      |                       |
| Rate of Pay \$ _____ | NAME OF SUPERVISOR OR CONTACT _____ |  | DEPT. _____          |                       |
|                      | REASON FOR LEAVING _____            |  |                      |                       |
| <b>DATES</b>         |                                     |  |                      |                       |
| Mo. & Yr.            | NAME _____                          |  | PHONE #(_____) _____ |                       |
| From: _____          | ADDRESS _____                       |  | CITY _____           | STATE _____ ZIP _____ |
| To: _____            | JOB TITLE(S) _____                  |  |                      |                       |
| Rate of Pay \$ _____ | NAME OF SUPERVISOR OR CONTACT _____ |  | DEPT. _____          |                       |
|                      | REASON FOR LEAVING _____            |  |                      |                       |

**APPLICATION FOR EMPLOYMENT - CONTINUED**

**EDUCATION RECORD**

| SCHOOL       | NAME OF SCHOOL | LOCATION<br>City and State | DATES ATTENDED |    | GRADUATE? |          |
|--------------|----------------|----------------------------|----------------|----|-----------|----------|
|              |                |                            | From           | To | Y         | N Degree |
| HIGH SCHOOL  |                |                            |                |    |           |          |
| COLLEGE/UNIV |                |                            |                |    |           |          |
| COLLEGE/UNIV |                |                            |                |    |           |          |
| TRADE/BUS    |                |                            |                |    |           |          |

GIVE THE NAMES, ADDRESSES AND PHONE NUMBERS OF 3 PERSONS OTHER THAN RELATIVES

A job description for the position for which you are applying is available for your review. Are you able to perform the duties as detailed in the job description, relative to the position applied for, with or without reasonable accomodation?

YES \_\_\_\_\_ NO \_\_\_\_\_

Have you been convicted of any crime within the past seven years? Yes \_\_\_\_\_ No \_\_\_\_\_

If so: County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_

You are being considered for a position which may involve handling and/or service of alcoholic beverages. Therefore, are you 21 years of age or older? YES \_\_\_\_\_ NO \_\_\_\_\_

I understand that this employment application and other company documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time for any reason. I understand that any oral or written statement to the contrary is expressly disavowed and should not be relied upon by any prospective or existing employee. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal. I affirm that I have a genuine intent and no other purpose in applying for a job with the company.

Federal law prohibits discrimination by failing or refusing to hire individuals due to sex, race, national origin, age, religion or disability. It prohibits placement of individuals in particular positions based on sex, race, national origin, age, religion or disability.

Federal law also prohibits retaliation against any individual by an employer because the individual complains of discrimination, cooperates with the government's investigation of a charge of discrimination, or otherwise exercises his, or her rights under law.

Should you have any complaints of discrimination, you may contact the Human Resources Support Center, at 888-594-8231. You may also contact your local Equal Employment Opportunity Commission at your local employment opportunity commission office.

DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_