

APPLICATION FOR EMPLOYMENT

			An Equal Opportunity Employer (Valid for 90 days)				Today's Date		
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							()		
Last Name (Please	e Print)	First		Social	Security Numb	er	Home	Telephone Number	
							()		
Present Address:	Street		City/State		Zip	Code	Cellular or Other C	ontact Telephone Number	
Do you have reliable And from work durin			Are you apply position?	ng for a full-time o	or part-time		If hired, can you subr Legal right to work in	nit documents to prove your the U.S.?	
Operation? □ Yes □ No			☐ Full-time	Part-time			🗆 Yes 🔲 No		
Position Applying Fo	or.				Are you o	f legal age to serve	alcoholic beverages?		
	nder 🔲 Host/Hostess	☐ Kitchen Prep □	Cook		☐ Yes		, alconolio serelageo .		
1. What is the m	ninimum amount yo	ou need to earn? \$	S	/week	\$	/month			
2. How many job	bs have you had ir	n the past year?		Past two ye	ears?				
3. What were the	e circumstances fo	or leaving each job	?						
4. Why do you w	vant to work for Be	eef 'O' Brady's?							
5. Have you bee	en convicted of a fe	elony that has not	been annulle	d, expunged o	r sealed by t	he court? 🗌 Ye	es 🗌 No		
(Conviction will not ne 6. Please indication	ecessarily disqualify an a ite your availability	applicant from employme by placing a chec	ent, but will be co k mark in the	boxes for which	text of the entire ch you are a	application and posi ailable to work	ition applied for.)		
Monday	Tuesday	Wednesday	Thu	rsday	Friday	Saturday	Sunday	/	
			/	AM 🗌 PM]PM □AM		M 🗌 PM	
7. When would y	you be available to	start?							
-		nake a good Beef		mployee?					
		Ū							
9. List any job-re	elated skill, qualific	ation or education	that would s	upport your ap	plication.				
,,	· •								
10. Have you ev	ver been employed	I by this or any Be	ef 'O' Brady's	? 🗌 Yes 🗌] No				
,			-			CF			
Employer				es Employed (Fr				Immediate Supervisor	
Address									
Job Title		· · · · · · · · · · · · · · · · · · ·	Но	Irly Rate/Salary (Starting/Final)			Telephone No.	
JOD THE			TIOC	iny rate/oalary (otarting/r inal)			relephone No.	
Mark D. G.									
Work Performed	u								
Reason for Leav	ving								
May we contact	this employer? If NO) Please evolain							

Employer	Dates Employed (From/To)	Immediate Supervisor
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	Telephone No.
Work Performed		
- Descer for Leavier		
Reason for Leaving		
May we contact this employer? If NO, please explain.		

Employer	Dates Employed (From/To)	Immediate Supervisor
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	Telephone No.
Work Performed		
Reason for Leaving		
May we contact this employer? If NO, Please explain.		

List below any other information or remarks that you wish to have considered as a part of your application for employment:

NOTICE TO APPLICANTS: This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc. And of course, employees may elect to leave on their own accord to seek other jobs.

I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

Signature		
Date		

This Employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.