

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-4.

Date

Name   

Last
First
Middle
Maiden

Present Address   

Number
Street
City
State
Zip

How long at current address

Social Security Number

Telephone

Days/Hours available to work:

If under 18, please list age

No Preference  Wed

Position applied for (1)

Sun  Thur

and salary desired (Be specific) (2)

Mon  Fri

How many hours can you work weekly?

Tue  Sat

Can you work nights?

- Employment desired  
 Full Time ONLY  
 Part Time ONLY  
 Full or Part Time

When are you available to start work?

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100%;" type="text"/>
College	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100%;" type="text"/>
Bus. or Trade School	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100%;" type="text"/>
Professional School	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100%;" type="text"/>

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR (except any minor traffic violations)?  Yes  No

If yes, please explain and  
attach any relevant  
documentation

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

Drivers License

Do you have  
reliable  
transportation  
to work  
(be specific)

Number

State of Issue

Expiration Date

- Operator  CDL  Chauffeur

Please list two references other than relatives or previous employers.

Name	<input type="text"/>	Name	<input type="text"/>
Position	<input type="text"/>	Position	<input type="text"/>
Company	<input type="text"/>	Company	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

		<b>MILITARY</b>			
HAVE YOU EVER BEEN IN THE ARMED FORCES?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Specialty	<input type="text"/>	Enter Date	<input type="text"/>	Discharge Date	<input type="text"/>

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary. Attach Resume if applicable.**

Name of Employer	<input type="text"/>	Name of last Supervisor	<input type="text"/>	Employment dates	Pay or salary		
Address	<input type="text"/>			From	<input type="text"/>	Start	<input type="text"/>
City, State, Zip Code	<input type="text"/>			To	<input type="text"/>	Final	<input type="text"/>
Phone Number	<input type="text"/>	Your last job title <input type="text"/>					

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?  Yes  No

Name of Employer	<input type="text"/>	Name of last Supervisor	<input type="text"/>	Employment dates	Pay or salary
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	From <input type="text"/>	Start <input type="text"/>
City,State, Zip Code	<input type="text"/>			To <input type="text"/>	Final <input type="text"/>
Phone Number	<input type="text"/>	Your last job title		<input type="text"/>	
Reason for leaving (be specific) <input type="text"/>					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					
<input type="text"/>					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Name of Employer	<input type="text"/>	Name of last Supervisor	<input type="text"/>	Employment dates	Pay or salary
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Phone Number	<input type="text"/>	Your last job title		<input type="text"/>	
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<input type="text"/>					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Name of Employer	<input type="text"/>	Name of last Supervisor	<input type="text"/>	Employment dates	Pay or salary
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	From <input type="text"/>	Start <input type="text"/>
City,State, Zip Code	<input type="text"/>			To <input type="text"/>	Final <input type="text"/>
Phone Number	<input type="text"/>	Your last job title		<input type="text"/>	
Reason for leaving (be specific) <input type="text"/>					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					
<input type="text"/>					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Did you complete this application yourself  Yes  No

If not, who did?

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AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

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I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with The Broken Barrel Tavern creates an actual or implied contract of employment. I understand that, if I accept employment with The Broken Barrel Tavern, it will be on an at-will basis. This means that either The Broken Barrel Tavern or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by The Broken Barrel Tavern. I release The Broken Barrel Tavern, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize The Broken Barrel Tavern to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release The Broken Barrel Tavern and its employees from all liability arising from such investigation.

**Signature of Applicant**

**Date**

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The Broken Barrel Tavern is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with The Broken Barrel Tavern depends solely on your qualifications.