

ALE HOUSE 1890

RESTAURANT & BAR

We consider applicants for all positions without regard to race, color, religion, national origin, age, disability, veteran status or any other legally protected status.

****PLEASE PRINT CLEARLY****

Position(s) applied for _____

Date ____/____/____

Applicant Information

First Name _____ Middle _____ Last _____

Street Address _____ Social Security Number _____

City/State/Zip _____ Phone Number _____

If hired, do you have a reliable means of transportation to get to work? ____ Yes ____ No

Are you at least 18 years of age? ____ Yes ____ No

If you are under the age of 18, do you have a work permit? ____ Yes ____ No

Are you legally eligible for employment in the U.S.? ____ Yes ____ No

Have you ever been convicted of a crime? ____ Yes ____ No

If you answered yes to the above question please state the nature of your offense and disposition of the case. _____

Are you a veteran? ____ Yes ____ No If yes, give date of service: From _____ To _____

Were you honorably discharged, or did you have a general discharge? _____

List any special skills or training: _____

How did you find out about this job? __ Friend __ Employee __ Walk-in __ Social Media

Who were you **referred** by: _____ When: _____

Why are you seeking a new job at this time? _____

Employment Information

Are you seeking full time, part time or temporary employment? _____

What hours and shift(s) would you prefer to work? _____

List times you are **not** available to work? _____

Have you ever been discharged or asked to resign from a position? ____ If yes, please describe: _____

MR ____/____/____ DR ____/____/____ 001

Are you currently employed? _____ If hired, when would you be able to start? _____

Education (circle highest level achieved)

Elementary 1 2 3 4 5 6 7 8

Secondary 9 10 11 12 G.E.D

College 1 2 3 4 5 6 7 8

Name of school: _____

Name of school: _____

Name of school: _____

Location: _____

Location: _____

Location: _____

If in high school, are you enrolled in a co-op program? _____

Degree & Major: _____

If yes, identify program and school: _____

Minor: _____

Work History (please begin with the most recent)

1. Company _____ Phone number with area code (____) _____

Address _____ City/State/Zip _____

Dates of employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title _____ Supervisor's Name _____

Specific reason for leaving: _____

Briefly describe duties: _____

2. Company _____ Phone number with area code (____) _____

Address _____ City/State/Zip _____

Dates of employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title _____ Supervisor's Name _____

Specific reason for leaving: _____

Briefly describe duties: _____

3. Company _____ Phone number with area code (____) _____

Address _____ City/State/Zip _____

Dates of employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title _____ Supervisor's Name _____

Specific reason for leaving: _____

Briefly describe duties: _____

May we contact the employers listed above? _____ if not, list the employers you do not wish us to contact and why: _____

Please list any personal reference you may want to include:

Name _____ Relationship (someone not related to you) _____ Phone Number _____

1. _____

2. _____

3. _____

Authorizations & At-Will Employment Agreement

(Please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omission may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment or hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature _____ Date _____

Name (please print) _____