Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify the representative of the Company who has scheduled your interview.

	To Be	Filled Out By	Applicant	's Supervisor	
adhouse Bar & Grill Lo	ocation:		***	F	irst Payroll Date:
pervisor:		Position:		Hire Date:	
y Rate: \$	Pay Frequency	Weekly	Bi-Weekly	Other	First Date Worked:
y Type Hour	lySalaryC	Commission	Full-Time	Part-Time	Temporary
Position(s) applie	ed for			Date of applica	ation
Name			Socia	l Security Numbe	er
Last	First	Middle Initi		•	
Previous names	under which you have v	worked:			
Address					mber ()
Street	City	State	Zip Code	relephone itu	illiber
If you are under	18, please state your aç	je: If it is r	equired, can	you furnish a wo	ork permit? Yes
No			equired, can	you furnish a wo	ork permit? Yes
No If no, please expl	18, please state your ag		•• •	you furnish a wo	ork permit? Yes
No If no, please expl Have you ever be	laineen employed Madhous	se? 🛘 Yes 🖸	I No		ork permit? 🗖 Yes 🗖
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*Have you ever had your license revoked or suspended? $\hfill\Box$ Yes $\hfill\Box$ No

If yes, please provio	de date(s) and detai	ils	
*ANSWERING "YES" TO DATE OF THE OFFENS TAKEN INTO ACCOUN	SE, SERIOUSNESS AN	DOES NOT CONSTITUTE AN AUTOMATIC BAR D NATURE OF THE VIOLATION, REHABILITATIC	R OF EMPLOYMENT. FACTORS SUCH AS ON AND POSITION APPLIED FOR WILL BE
Provide the follow	ving information fo	or your last three (3) past employers s	tarting with the most recent.
Employment H			. Take keep New York
From	То	Employer	Telephone Number
Starting Job Title	Ending Job Title	Employer's Address, City, State, Zip Code	
Supervisor and Title	1	Summarize the nature of work and responsibility	ties
Reason for leaving?			May we contact for reference?
			☐ Yes ☐No ☐Later
Starting hourly rate/sala	гу	Final hourly rate/salary	Comments
\$ per		\$ per	
F	То	Employer	Telephone Number
From			reseptione values
Starting Job Title	Ending Job Title	Employer's Address, City, State, Zip Code	
Supervisor and Title		Summarize the nature of work and responsibili	ties
Reason for leaving?	,,		May we contact for reference?
			□ Yes □No □Later
Starting hourly rate/sala	ary	Final hourly rate/salary	Comments
\$ pe	er	\$ per	
From	То	Employer	Telephone Number
Starting Job Title	Ending Job Title	Employer's Address, City, State, Zip Code	
Supervisor and Title	.1	Summarize the nature of work and responsibili	ities
Reason for leaving?		<u> </u>	May we contact for reference?
			☐ Yes ☐No ☐Later
		AN EQUAL OPPORTUNITY EMPLOYER	

Educational Background

Number of years

Did you

Name and Location	completed	graduate?
ligh School	·	
College		-
Other		
	.,., ,,,	
Skills & Qualifications		
Describe your prior restaurant or other relevant work experience:		
- ,		
Summarize any other training, skills, licenses, and/or certifications	that may qualify you as being a	hle to nerform
	that may quality you as being a	ble to perform
ob-related functions in the position for which you are ap <u>plying.</u>		
Personal References		

Starting hourly rate/salary	Final hourly rate/salary	Comments
\$ per	\$ per	

Applicant Statement

I certify the information provided in this application is true and correct without qualification. I understand that the Company may investigate my work and personal history and verify all data given on this application and in interviews and I authorize the Company to do the same. I acknowledge that if hired, any misrepresentation or omission of fact by me on this application or during the hiring process can result in immediate discharge.

In consideration of my employment, I agree to abide by the rules and policies of the Company as may be published or communicated to me from time to time by the Company, and I acknowledge that these policies may be amended from time to time at the discretion of the Company. I understand acceptance of an offer of employment does not create a contractual obligation or contract to continue my employment in the future and that I will be employed at will and both the Company and the employee have the right to terminate the employment relationship at any time, with or without notice and with or without cause. I further understand that no modification of this at will relationship will be effective unless in writing and signed by the President of the Company.

I acknowledge that any offer of employment received is conditional until such time as the results of a preemployment drug testing is know, if such a test is required by the Company, and further conditioned upon the verification of the information provided in this application and during the hiring process. I also understand and acknowledge that, as part of the hiring process, if hired, I may be required to submit to a medical / physical examination, for the extent necessary to determine my ability to perform the essential functions of the job, at the Company's discretion and expense. I understand further if the Company decides to perform a background or reference check or engage an investigative consumer credit reporting agency on my credit and personal history, I hereby authorize this engagement and will sign any additional release forms requested. If a report is obtained, the Company must provide, at my request, the name of the reporting agency from whom I may obtain from the reporting agency the nature and substance of the information contained in the report.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

certify I have read the Applicant Statement and agree to its contents:	
Signature of Applicant	Date
Applicants Name (please print)	