**Application for Employment**

Sauced Wing Bar is an equal opportunity employer. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability or genetic information. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job related factors.

In order for you to be considered for employment, this application must be filled out COMPLETELY. Please write “N/A” if information is not applicable. Resumes, though welcome, should not be submitted in place of the information requested below. Please indicate if you have a resume to attach to this application. \_\_\_\_Yes \_\_\_\_No

Please print, except for signature on last page of application. Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information**

Last Name First Name Middle Name

Home Address City State Zip

Primary Phone Secondary Phone Email Address

**Position(s) Desired (Please Check)**

Wait Staff \_\_\_ Bartender\_\_\_ Bar Back\_\_\_ Line Cook\_\_\_ Food Prep\_\_\_ Dishwasher\_\_\_

Food Expeditor\_\_\_ Host/Hostess\_\_\_ Busser­­­­­\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Shift Unavailability (Please Check any Shifts you CANNOT work.)**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

AM\_\_ PM\_\_ AM\_\_ PM\_\_ AM\_\_ PM\_\_ AM\_\_ PM\_\_ AM\_\_ PM\_\_ AM\_\_ PM\_\_ AM\_\_ PM\_\_

**General Information**

Have you ever worked for our Company before? \_\_\_Yes \_\_\_No

If yes, start, end date? Start Date \_\_\_\_\_\_\_\_ Start Job Code\_\_\_\_\_\_\_ : End Date\_\_\_\_\_\_\_\_ End Job Code\_\_\_\_\_\_\_

List any relatives who are presently, or have formerly been employed by our company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If hired, can you present evidence that you are legally able to work in the United States? (Proof of identity and legal authority to work in the United States is a condition of employment.) \_\_\_Yes \_\_\_No

Are you of legal age to serve alcohol in this state? \_\_\_Yes \_\_\_No

Are you available to work holidays and weekends? \_\_\_Yes \_\_\_No

**General Information (Continued)**

We may conduct training on days, or at times, you have other obligations. Is your schedule flexible so you may come to training? \_\_\_Yes \_\_\_No

As an adult, have you ever been convicted of any law violation within the last seven years (except minor traffic violations)? \_\_\_Yes \_\_\_No

*Conviction will not necessarily disqualify an applicant from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, rehabilitation, and job-relatedness will be considered when making any employment decisions. If your answer is ‘yes’, please explain the circumstances surrounding such offense, including place, date, name of court, etc.*

**Job History**

In chronological order, please list jobs held beginning with the most recent.

|  |  |
| --- | --- |
| **Employer**  | **Position** |
| **Street Address**  | **Start / Ending Date** |
| **City, State, Zip**  | **Start / Ending Pay**  |
| **Supervisor**  | **Phone #**  | **Reason For Leaving**  |
| **Duties**  |

|  |  |
| --- | --- |
| **Employer**  | **Position Held**  |
| **Street Address**  | **Start / Ending Date**  |
| **City, State, Zip**  | **Start / Ending Pay**  |
| **Supervisor**  | **Phone #**  | **Reason For Leaving**  |
| **Duties**  |

|  |  |
| --- | --- |
| **Employer**  | **Position Held**  |
| **Street Address**  | **Start / Ending Date**  |
| **City, State, Zip**  | **Start / Ending Pay**  |
| **Supervisor**  | **Phone #**  | **Reason For Leaving**  |
| **Duties**  |

**Business References (Other than those provided in Job History)**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Known\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Known\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Known\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT'S CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient reason for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and, except as indicated above, I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous education or employment record. I release all such persons from any liability or damages on account of having furnished such information. I consent to such investigations as Sauced Wing Bar may make regarding driving records, law enforcement records and my general background. I further understand that all applicable portions of this application must be completed or I will be ineligible for consideration for the position for which I am applying.

I understand that nothing contained in this employment application or in the granting of an interview or of a position of employment is intended to create an employment contract between Sauced Wing Bar and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me, and I understand that no promise or guarantee of employment for any specific length of time or under any specified circumstances shall be binding upon Sauced Wing Bar. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and for any reason and that the company retains the same right.

Sauced Wing Bar reserves the right to require medical documentation concerning the need for a reasonable accommodation for a disability under the terms required by ADA.

I understand that if employed, the policies and rules that are issued by Sauced Wing Bar are conditions of employment and that the company may revise policies or procedures, in whole or in part, unilaterally at any time.

IMPORTANT: IF YOU DO NOT UNDERSTAND OR IF YOU DISAGREE WITH ANY PORTION OF THE ABOVE CERTIFICATION, DO NOT SIGN BEFORE DISCUSSING WITH MANAGEMENT.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_