



DELTA SALOON AND RESTAURANT

Delta Saloon and Restaurant is an Equal Opportunity Employer. All applications and employees will be treated equally in conformity with all existing laws. In answering the questions below if you have any doubts as to their propriety or legality, ask the person giving you the application for an explanation of the questions. If you still have doubts, do not answer the specific question.

Print Legible, specific, and accurate answers to all questions. To assist us in giving you every consideration for employment, please keep us notified of any significant changes to be made on your application. All information will be treated confidentially. If space is inadequate in any area, use a blank sheet of paper.

Personal Information

Name: _____ Date: _____

Address: _____

Telephone Number: _____

Are you 18 years of age or older?

Yes No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes No

Referred by: _____

List any relatives working for us, department they work in, and relationship

Have you ever worked or attended school under another name? If so, under what name?

Position Desired

Position: _____ Start date available: _____

Wage rate desired: \$ _____ Hourly Monthly Annually

Do you prefer: Full-time Part-time If part-time, hours per week desired: _____

Hours you are available to work: _____

Days of week you are available to work: _____

Are you able to work: Weekends
 Holidays
 Nights
 Overtime

Have you previously worked for Delta Saloon/Restaurant Yes No

Dates of employment with Delta Saloon/Restaurant from _____ to _____

Reason(s) for leaving: _____

Former supervisor(s) at this company: _____

How did you learn about this opening? _____

Education

| | | |
|--|--|------------------|
| High School: | Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No | Course of Study: |
| Technical School: | Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No | Course of Study: |
| College/University: | Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No | Course of Study: |
| Post-Graduate Education: | Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No | Course of Study: |
| Other education, training or special skills: | | |

References

Identify three persons who know your work, beginning with the most recent.

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Work Experience

| | | | |
|--|----|---------------------|---|
| Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper. | | | |
| Employer: | | Address: | |
| From | To | Position Held: | Reason for Leaving: |
| Supervisor's Name & Title: | | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description of Duties: | | | |
| Starting Compensation: | | Final Compensation: | |
| Employer: | | Address: | |

| | | | |
|----------------------------|----|---|---------------------|
| From | To | Position Held: | Reason for Leaving: |
| Supervisor's Name & Title: | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Description of Duties: | | | |
| Starting Compensation: | | Final Compensation: | |
| | | | |
| Employer: | | Address: | |
| From | To | Position Held: | Reason for Leaving: |
| Supervisor's Name & Title: | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Description of Duties: | | | |
| Starting Compensation: | | Final Compensation: | |
| | | | |
| Employer: | | Address: | |
| From | To | Position Held: | Reason for Leaving: |
| Supervisor's Name & Title: | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Description of Duties: | | | |
| Starting Compensation: | | Final Compensation: | |

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Candidate's Signature

Date

