

West Dublin Pub - Application for Employment

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

**** PLEASE PRINT CLEARLY ****

Position(s) applied for _____ Date ____ / ____ / ____

How did you find out about this job? Newspaper Employee Walk-in Relative Other _____

Applicant Information

First Name _____ Middle _____ Last _____

Street Address _____ City/State/Zip _____

Phone (____) _____

If hired, do you have a reliable means of transportation to get to work? _____

Are you at least 18 years old? _____ If you are under 18 years of age, can you furnish a work permit? _____

Are you legally eligible for employment in the U.S.? _____ (Proof of U.S. citizenship or immigration status is required if hired.)

Have you been convicted of a crime? (Massachusetts applicants should not include misdemeanor convictions; California applicants should not include marijuana-related convictions that occurred more than 2 years prior to the application date.) Yes No If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

Are you a veteran? _____ If yes, give dates of service: From _____ To _____

List any special skills or training: _____

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? _____

Are you willing to work overtime? _____ Weekends? _____ Holidays? _____

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

List any friends or relatives employed by this company: _____

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

Education (circle highest level achieved)

Secondary: 9 10 11 12 G.E.D

Name of School: _____

Location of School: _____

College: 1 2 3 4 5 6 7 8

Name of School: _____

Location of School: _____

Degree & Major: _____

Minor: _____

Work History (please begin with most recent)

1. Company _____ Phone No. with Area Code (_____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____

2. Company _____ Phone No. with Area Code (_____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____

3. Company _____ Phone No. with Area Code (_____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____

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

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 omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date.

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.

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 _____