



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

In order for you to be considered for employment, this application must be filled out in its ENTIRETY.
All statements made by applicants for employment on this application form will be checked for accuracy.

Name (Print in Ink)		Today's Date	
Current Address			
Previous Address		E-mail address	
Social Security Number		Work Phone No	Alternate Phone No
Position(s) applying for (Must check specific position listed to be considered) <input type="checkbox"/> Server <input type="checkbox"/> Greeter <input type="checkbox"/> Bartender <input type="checkbox"/> Line Cook <input type="checkbox"/> Prep Cook <input type="checkbox"/> Utility		Home Phone No	Cellular Phone No
		Did someone refer you to apply for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?	
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are applying for a server or bartender position, do you meet the legal state age requirement to serve alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No It is the policy of this employer to hire only United States Citizens or individuals authorized to work in the United States. All employees must verify employment eligibility prior to beginning work.	
Date you are available to start employment	How many hours per week do you expect to work?	Expected Hourly Rate	Expected Weekly Earnings

Relatives Employed by Twisted Oar: Name: _____ Location: _____ Relationship: _____

(Relatives employed by The Twisted Oar will not necessarily exclude you from employment but will be considered for job placement to avoid a direct supervisory relationship between relatives)

Work Schedule Availability
What shifts/hours are you available to work? Shifts start as early as 7AM and end as late as 2AM (please list start & end times in each Lunch & Dinner shift box)

Shift	MON	TUES	WED	THUR	FRI	SAT	SUN
Lunch	to	to	to	to	to	to	to
Dinner	to	to	to	to	to	to	to

Are you willing to work a split shift? Yes No
 No
 Are you willing to work holidays / weekends? Yes No
 Yes No

Are you willing to stay late in an emergency? Yes No
 Is your schedule flexible so you can attend training?

Education	Name and location of school	Last year completed	Courses majored in	Graduate? List Degrees.
High School		9 10 11 12		Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No
College		1 2 3 4		
Other				

Have you been convicted of a felony, or been incarcerated in connection with a felony, in the past 10 years? (You do not have to disclose any convictions that have been annulled, expunged, erased, pardoned, or sealed by a court. If you answered "Yes," please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Work History – List your last 3 jobs. Please fill out all information completely

	Current or Most Recent Job	Previous Job	Previous Job
Company Name			
Company Address			
Company Phone Number			
Name and Title of Immediate Supervisor			

Job Title / Position			
Dates of Employment	_____/_____ Month/Year to Month/Year	_____/_____ Month/Year to Month/Year	_____/_____ Month/Year to Month/Year
Reason for Leaving			
May we contact this employer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rate of Pay	\$ _____ \$ _____ Starting Wage Ending Wage	\$ _____ \$ _____ Starting Wage Ending Wage	\$ _____ \$ _____ Starting Wage Ending Wage

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