

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE | EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

FULL NAME: _____ SS# _____
ADDRESS: _____ PHONE NUMBER: _____
CITY/STATE/ZIP: _____ EMAIL: _____
ARE YOU ABLE TO RECEIVE A LIQUOR SERVING LICENSE? _____ ARE YOU ABLE TO RECEIVE A LIQUOR DISPENSING LICENSE? _____
HOW DID YOU LEARN ABOUT OUR COMPANY? _____ POSITION APPLYING FOR: _____
DATE AVAILABLE TO START: _____ SALARY DESIRED: _____ ARE YOU ABLE TO WORK WEEKENDS AND HOLIDAYS? _____
AVAILABILITY:
MONDAY: _____ TUESDAY: _____ WEDNESDAY: _____ THURSDAY: _____ FRIDAY: _____ SATURDAY: _____ SUNDAY: _____

EDUCATION HISTORY

HIGH SCHOOL (NAME AND LOCATION): _____ GRADUATE? _____
COLLEGE (NAME AND LOCATION): _____ GRADUATE/MAJOR: _____
SPECIALIZED TRAINING, TRADE SCHOOL, ETC (NAME AND LOCATION): _____
GRADUATE/CERTIFICATES EARNED: _____
OTHER EDUCATION (NAME AND LOCATION): _____ GRADUATE/CERTIFICATES EARNED: _____
PLEASE LIST ANY SPECIAL SKILLS, TRAINING, OR MILITARY SERVICE YOU HAVE:

EMPLOYMENT HISTORY

START WITH MOST RECENT EMPLOYER

COMPANY NAME: _____ DATES EMPLOYED: _____ MAY WE CONTACT? _____
ADDRESS: _____ TELEPHONE: _____
POSITION: _____ NAME OF SUPERVISOR: _____
RESPONSIBILITIES: _____
REASON FOR LEAVING: _____
COMPANY NAME: _____ DATES EMPLOYED: _____ MAY WE CONTACT? _____
ADDRESS: _____ TELEPHONE: _____
POSITION: _____ NAME OF SUPERVISOR: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____ DATES EMPLOYED: _____ MAY WE CONTACT? _____

ADDRESS: _____ TELEPHONE: _____

POSITION: _____ NAME OF SUPERVISOR: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

REFERENCES

PLEASE LIST 3 PEOPLE NOT RELATED TO YOU, YOU HAVE KNOWN FOR AT LEAST A YEAR:

NAME: _____ PHONE NUMBER: _____ RELATIONSHIP: _____

BUSINESS: _____ YEARS KNOWN: _____

NAME: _____ PHONE NUMBER: _____ RELATIONSHIP: _____

BUSINESS: _____ YEARS KNOWN: _____

NAME: _____ PHONE NUMBER: _____ RELATIONSHIP: _____

BUSINESS: _____ YEARS KNOWN: _____

AUTHORIZATION

"I CERTIFY THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION REGARDING PAST EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF CONRAD'S RESTAURANT & ALEHOUSE HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYEMNT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF ANY DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT AND OTHER FEDERAL AND STATE LAWS."

DATE: _____ SIGNATURE: _____

OFFICE USE ONLY

DATE: _____ INTERVIEWED BY: _____

NOTES:

HIRED: _____ POSITION: _____ START DATE: _____

APPROVED BY: _____