



# SCREAMING EAGLE AMERICAN BAR AND GRILL

## EMPLOYMENT APPLICATION

**EQUAL OPPORTUNITY EMPLOYER:** It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical handicap, except where a bona fide occupational qualification exists.

<b>P E R S O N A L</b>	Last Name	First	Middle	Today's Date
	Street Address			Home Phone (   )
	City, State, Zip			Cell Phone (   )
	Position Desired			Age
	Apart from absence for religious observances, are you available for full-time work? Yes (   )   No (   )   If not, list your available hours below.			Will you work overtime if asked? Yes (   )   No (   )
	Are you legally eligible for employment in the United States?			When will you be available to begin work?

	School	Name & Location of School	Course of Study	No. of years completed	Did You Graduate?	Degrees
<b>E D U C A T I O N</b>	Graduate					
	College					
	Business/Trade/ Technical					
	High School					

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Please fill in the hours you are available to work at the Screaming Eagle.							

List any special training, skills, or comments that relate to the position you are trying to obtain in this section.	What brought you to apply at the Screaming Eagle?
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# PREVIOUS EMPLOYMENT

Please give accurate, complete full-time and part-time record. Start with your most recent employer

<b>1</b>	Company Name	Telephone (   )
	Address	Employed – (State Month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work.	Reason for Leaving

<b>2</b>	Company Name	Telephone (   )
	Address	Employed – (State Month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work.	Reason for Leaving

<b>3</b>	Company Name	Telephone (   )
	Address	Employed – (State Month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work.	Reason for Leaving

## References

LIST BUSINESS PERSONS KNOWN, BUT NOT RELATED TO YOU, FOR AT LEAST THREE YEARS

	Name	Title	Business	Phone	Yrs Known
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1. \_\_\_\_\_
2. \_\_\_\_\_

## APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers, school officials, and persons named as references. I hereby release all employers, schools, and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined workday or workweek. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits.

Date \_\_\_\_\_ Signature \_\_\_\_\_