



N \_\_\_\_\_  
B/E \_\_\_\_\_  
C \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

DATE: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### DESIRED

POSITION: \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_

ARE YOU EMPLOYED? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER WORKED AT ANY SIDE POCKETS BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_

DO YOU WANT TO WORK FULL TIME? \_\_\_\_\_ PART TIME? \_\_\_\_\_ TEMPORARY? \_\_\_\_\_

DAYS NEEDED OFF: \_\_\_\_\_ NIGHTS NEEDED OFF: \_\_\_\_\_

### GENERAL

DO YOU HAVE RELIABLE TRANSPORTATION? \_\_\_\_\_ DO YOU SPEAK ENGLISH FLUENTLY? \_\_\_\_\_

WHAT OTHER LANGUAGES DO YOU SPEAK FLUENTLY? \_\_\_\_\_

### SPECIAL QUESTIONS

#### MANDATORY - PER STATE LAWS, THIS INFORMATION IS NEEDED TO WORK IN ESTABLISHMENTS SELLING LIQUOR

ARE YOU A CITIZEN OF THE U.S.? \_\_\_\_\_

IF NOT, DO YOU HAVE PROPER IMMIGRATION & VISA STATUS TO WORK IN THE U.S.? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_

\*DATE OF BIRTH: \_\_\_\_\_

\*THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OLD.

#### VOLUNTEER - YOU DO NOT HAVE TO ANSWER ANY OF THESE QUESTIONS

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_ AGES OF CHILDREN AT HOME: \_\_\_\_\_

**PHYSICAL RECORD**

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

**FORMER EMPLOYERS**

LIST BELOW YOUR LAST THREE EMPLOYERS STARTING WITH THE LAST ONE FIRST

| DATE (MO AND YR) | NAME & ADDRESS OF EMPLOYER | POSITION | REASON FOR LEAVING |
|------------------|----------------------------|----------|--------------------|
| FROM:            |                            |          |                    |
| TO:              |                            |          |                    |
| FROM:            |                            |          |                    |
| TO:              |                            |          |                    |
| FROM:            |                            |          |                    |
| TO:              |                            |          |                    |

GIVE REASONS FOR ANY GAPS IN EMPLOYMENT

**REFERENCES**

| NAME | ADDRESS | YRS. KNOWN | A/C + PHONE |
|------|---------|------------|-------------|
| 1    |         |            |             |
| 2    |         |            |             |

I AUTHORIZE INVESTIGATIONS OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS OF AN "*AT WILL*" NATURE AND THAT I MAY RESIGN AT ANY TIME AND SIDE POCKETS MAY DISCHARGE ME AT ANY TIME WITH OR WITHOUT CAUSE. I ALSO REALIZE THAT SIDE POCKETS MAINTAINS THE RIGHTS TO CONTROL CONTENT ON SOCIAL WEB NETWORKS. ANY INAPPROPRIATE POSTINGS BY MYSELF REFLECTING A NEGATIVE IMAGE OF SIDE POCKETS, ITS STAFF, OR ITS CUSTOMERS MAY BE GROUNDS FOR DISCIPLINARY ACTION, DISMISSAL, OR, IN EXTREME CIRCUMSTANCES, LEGAL ACTION.

SIGNATURE:

DATE:

----- DO NOT WRITE BELOW THIS LINE -----

**REMARKS**

1st INTERVIEWED BY:

DATE:

2nd INTERVIEWED BY:

DATE:

DATE HIRED:

WILL REPORT:

PAY SCALE:

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF SEX OR MINORITY STATUS. QUESTIONS REFLECTING SUCH STATUS HAVE ONLY BEEN INCLUDED TO DETERMINE BONA FIDE OCCUPATIONAL QUALIFICATIONS.

REV:11/2025