

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE: _____ SSN: _____

FIRST NAME: _____ M.I.: _____ LAST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

A/C + PHONE - HOME: _____ CELL: _____ OTHER: _____

EMPLOYMENT DESIRED

POSITION: _____ DATE AVAILABLE: _____ DESIRED SALARY RANGE: _____

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

EVER APPLIED TO ANY SIDE POCKETS BEFORE? _____ WHERE? _____ WHEN? _____

EVER WORKED AT ANY SIDE POCKETS BEFORE? _____ WHERE? _____ WHEN? _____

DO YOU WANT TO WORK FULL TIME? _____ PART TIME? _____ TEMPORARY? _____

DAYS NEEDED OFF: _____ NIGHTS NEEDED OFF: _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED
HIGH SCHOOL			
COLLEGE			
BUSINESS OR TRADE SCHOOL			

GENERAL

DO YOU HAVE RELIABLE TRANSPORTATION? _____ DO YOU SPEAK ENGLISH FLUENTLY? _____

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? _____ READ _____ WRITE _____

U.S. MILITARY SERVICE: _____ RANK: _____ MEMBER OF NATIONAL GUARD/RESERVE: _____

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 DEFECTS THAT PRECLUDE YOU FROM
PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

WERE YOU EVER SERIOUSLY INJURED?

GIVE DETAILS:

DO YOU HAVE ANY DEFECTS IN HEARING?

IN VISION?

IN SPEECH?

IN CASE OF EMERGENCY, NOTIFY:

A/C + PHONE:

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				
3				

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:
APPEARANCE:	CHARACTER:	
PERSONALITY:	ABILITY:	
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.