



GREAT DANE

PUB & BREWING

APPLICATION FOR EMPLOYMENT

NOTICE: Applicant should read the following information carefully before filling out any of the questions on this form. We are an equal opportunity employer and fully subscribe to the principles of equal opportunity. It is our policy to seek and employ the best qualified personnel in all positions without regard to race, color, religion, age, sex, disability, national origin or any other basis made unlawful by either state or federal law. It is our policy to comply with all federal and state employment statuses. Information requested on this application will not be used for any purpose prohibited by law.

PERSONAL INFORMATION				email:	
NAME: Last		First		MI	SSN#
Street		City	ST	Zip	Phone
Are you 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		if no, Date of Birth / /		If under age 18, how many hours per week are you employed elsewhere? hours	
Have you had any name changes this employer should know about in order to verify job or education history?			If yes, previous name		
Do you have transportaion to and from work? Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Who recommended you for this position?			Date Available / /		Expected Hourly Rate

Full Time
 Part Time
 Temporary
 Days Only
 Nights Only
 Days and Nights

How did you hear about this position?

PLEASE INDICATE YOUR DAILY AVAILABILITY BELOW BY PLACING AN X ON THE DAYS AND TIMES
 ***** YOU ARE ABLE TO WORK*****

SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
10am-4pm	4pm - CL	10am-4pm	4pm - CL	10am-4pm	4pm - CL	10am-4pm	4pm - CL	10am-4pm	4pm - CL	10am-4pm	4pm - CL	10am-4pm	4pm - CL
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

EDUCATION

SCHOOLING	Current or most recent	Grade or Degree	Did You Graduate?
HIGH SCHOOL			Yes <input type="checkbox"/> No <input type="checkbox"/>
COLLEGE OR UNIVERSITY			Yes <input type="checkbox"/> No <input type="checkbox"/>
OTHER (SPECIFY)			Yes <input type="checkbox"/> No <input type="checkbox"/>
MILLITARY SCHOOLS ATTENDED			Yes <input type="checkbox"/> No <input type="checkbox"/>
MILLITARY SERVICE RECORD	War Veteran Yes <input type="checkbox"/>	Branch	From To Highest Grade

Please list any skills, duties, or specialized training related to your military service that are relevant to the position(s) you're applying for.

PRIOR WORK EXPERIENCE/PREVIOUS RESTAURANT EXPERIENCE

	Current or most recent	Prior	Prior												
Company Name															
Address															
Telephone															
Job Duties/Title															
Name of Immediate Supervisor															
Dates of Employment	<table border="1"> <thead> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	From	To			<table border="1"> <thead> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	From	To			<table border="1"> <thead> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	From	To		
From	To														
From	To														
From	To														
Position / Job Title															
Yearly Salary															
Reason for Leaving															
May we Contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>												

JOB DUTIES

Are there any job duties that you would be unable to perform?

is there anything we could do to accommodate you so you could perform all the required job duties?

Have you ever applied to this company before? Yes No

If yes, where?

When ? / /

Are you now employed? Yes No

Telephone number

EMERGENCY CONTACT

IN CASE OF EMERGENCY NOTIFY - (NAME, ADDRESS, PHONE) RELATIONSHIP, IF ANY

DISCLAIMER AND SIGNATURE

I authorize investigation of all statements contained in this application.

I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment is substantially dependent on truthful answers to the forgoing inquiries.

I have read these statements and answers to these inquiries.

Date / /

Signature _____