



APPLICATION FOR EMPLOYMENT



To be considered for employment, you must fill out this application COMPLETELY
Please write N/A if information sought is not applicable. Resumes, while welcome, should NOT be submitted in place of the information below.

PLEASE PRINT

FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER	TODAY'S DATE
CURRENT ADDRESS:	STREET/PO BOX	APT #	CITY	STATE ZIP
PERMANENT ADDRESS:	STREET/PO BOX	APT #	CITY	STATE ZIP
CELL PHONE () ()	HOME PHONE () ()	EMAIL ADDRESS @		
FOR WHICH POSITION ARE YOU APPLYING?			DATE YOU ARE AVAILABLE FOR EMPLOYMENT?	
WHAT IS THE MINIMUM AMOUNT OF MONEY YOU NEED TO MAKE? \$ _____/HOUR and \$ _____/WEEK				

- If hired, can you submit, for examination and copying, documents required to prove your identity and legal eligibility to work in the United States? _____ Yes No
- Are you of legal age to work in this state? _____ Yes No
- Are you of legal age to serve alcohol in this state? _____ Yes No
- If hired, can you submit proof of age? _____ Yes No
- Have you been convicted of a felony that has NOT been annulled, expunged, or sealed by the court? _____ Yes No
Conviction will not necessarily disqualify an applicant from employment, but may be considered in the context of the entire application and position applied for. You may exclude any and all information legally not required to be disclosed.
- How many jobs have you had in the last two years? _____ Zero One Two Three 4 or more
- Have you ever been terminated from a job? _____ Yes No
- You want to work: Part-time (_____hours/week) Full-time (_____hours/week)
- Do you presently have a job that you intend to keep, if hired? _____ Yes No
- Using the table below, please indicate the days you **CAN** work. **List the earliest and latest time you CAN work.**
Please account for travel time to and from other obligations (e.g., sports, classes, meetings, other employment, etc.).
Being on time for a shift is mandatory.

	MON	TUE	WED	THU	FRI	SAT	SUN
EARLIEST TIME IN							
LATEST TIME OUT							

- Do you have reliable means of transportation to and from work for the days and times you are available? _____ Yes No
- Are you available to work holidays and weekends? _____ Yes No
- We may conduct training on days, or at times, you have other obligations. Is your schedule flexible so that you may attend all training necessary for the position applied for? _____ Yes No
- Are you, or do you plan to be, in school or taking courses at any time while working here? _____ Yes No
- What commitments do you have, or do you anticipate, that may affect your schedule? _____

16. Education

	Name and Location of School	Dates	Last year completed	Major/Specialty	Degree
High School		(Leave Blank)		(Please leave blank)	
College/Other					

We are an Equal-Opportunity Employer. Please do not include any information revealing your age, sexual orientation, disability, marital status, race, religion, or national origin.



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17. Work History (List your last three (3) jobs):

	Current or Most Recent Job	Previous Job	Previous Job
Company Name			
Address			
Position			
Job Duties			
Did you handle \$?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Title of Direct Supervisor			
Phone Number of Direct Supervisor			
Dates Employed	____/____/____ to ____/____/____ Month Year Month Year	____/____/____ to ____/____/____ Month Year Month Year	____/____/____ to ____/____/____ Month Year Month Year
Usual Number of hours worked/wk			
Reason to leave			
Weekly Earnings	\$____ Starting \$____ Ending	\$____ Starting \$____ Ending	\$____ Starting \$____ Ending
May we contact previous work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

18. If hired, do you agree to keep your address and contact information updated and accurate at all times? Yes No
19. If hired, do you agree that you will keep the information of the Company confidential and not disclose such information to any third party? Yes No

20. Personal References (Other than immediate family):

Name	Phone Number	Relationship	Years Known

21. Emergency Contact Information (In the event of an emergency, list the contact **MOST** likely to respond on your behalf)

Name	Address	Phone Number	Relationship

22. Have you read a job description for the position of interest? _____ Yes No
 Do you understand the requirements? _____ Yes No
23. Can you perform the essential functions required by the job for which you are applying either with or without reasonable accommodations? _____ Yes No

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

I certify that the information I provide in this Application and in seeking employment is true and complete and that I will update any information that changes.

I understand that false or misleading information given in this Application or during auditions may result in disqualification from consideration for employment or discharge in the event of employment. I authorize the Company to make such inquiries of me, my references, prior employers, schools, and any third party including but not limited to any Government Agency or any court or criminal justice entity to verify and evaluate my qualifications.

I hereby release employers, schools, and other persons, institutions, or businesses from all liability in responding to inquiries in connection with this Application for employment. I understand and agree that this Application for employment does not create a contract for employment or a guarantee of employment. I also understand and agree that if I am hired, my employment is "AT WILL," which means that my employment is for no definite period of time and either the Company or I may terminate the employment relationship with or without cause at any time, and with or without any advance notice. I understand that only the Company's President may change the "AT WILL" status of any employee in an express written agreement signed by the President and the employee.

I understand the Tilted Kilt is a smoke-free environment where required by law, and that smoking will only be permitted outside in certain designated areas, as stated by law.

I understand that any policies or procedures implemented by the Company in the event of my employment do not alter my "AT WILL" employment status. I understand that the Company, in its sole discretion, may at any time change its personnel policies and may also change my job description, responsibilities, wages, and benefits.

I HEREBY ACKNOWLEDGE, UNDERSTAND AND AGREE WITH THE FOREGOING AND CONFIRM THAT IF I AM HIRED I WILL BE AN "AT WILL" EMPLOYEE

SIGNATURE: _____

DATE: _____

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