

OFFICE USE ONLY:

INTERVIEW DATE:

TIME:

**SHOOTERS****APPLICATION FOR EMPLOYMENT****Personal Information (PLEASE PRINT)**

First Name:

Middle:

Last Name:

Nickname:

SSN:

Phone:

Current Address:

City:

State:

ZIP Code:

Home Address if student (or Address where W2 sent):

City:

State:

ZIP Code:

Home Phone: ( ) -

Cell: ( ) -

**Employment Desired**

Position:

Date Available:

Are you employed?

If so, may we inquire of your present employer?

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 ATTENDED			
COLLEGE			
BUSINESS OR TRADE SCHOOL			
CERTIFICATIONS			

**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 &amp; VISA STATUS TO WORK IN THE U.S.?

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

\*DATE OF BIRTH:\*

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 CASE OF EMERGENCY, NOTIFY: CELL:

**Former Employers**

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

DATE (MO AND YR) NAME &amp; ADDRESS OF EMPLOYER POSITION REASON FOR LEAVING

TO: _____ FROM: _____	Telephone: _____	Supervisor: _____	_____
TO: _____ FROM: _____	Telephone: _____	Supervisor: _____	_____
TO: _____ FROM: _____	Telephone: _____	Supervisor: _____	_____

GIVE REASON FOR ANY GAPS IN EMPLOYMENT: \_\_\_\_\_

WHY DO YOU WANT TO BE A SHOOTERS TEAM MEMBER? \_\_\_\_\_

HOW WILL YOU BE AN ASSET TO OUR TEAM? \_\_\_\_\_

**References**

Name:	Address:	YRS KNOWN	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 SHOOTERS MAY DISCHARGE ME AT ANYTIME WITH OR WITHOUT CAUSE. I ALSO REALIZE THAT SHOOTERS MAINTAINS THE RIGHTS TO CONTROL CONTENT ON SOCIAL WEB NETWORKS. ANY INAPPROPRIATE POSTINGS BY MYSELF REFLECTING A NEGATIVE IMAGE OF SHOOTERS, 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 - OFFICE USE ONLY**

1st INTERVIEWED BY:	DATE:
2 <sup>ND</sup> INTERVIEWED BY:	DATE:
APPEARANCE:	CHARACTER:
PERSONALITY:	ABILITY:

DATE HIRED:	WILL REPORT:							PAY SCALE:
HRS	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours
From								
To								

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. THANK YOU FOR CHOOSING SHOOTERS RESTAURANT BILLIARDS & GAMING TEAM.