Today's Date

___ / ___ / ___

Application for Employment
(Please PRINT all information requested except for signature)

Position you're applying for:
_____

Salty Mermaid
Bar & Grille

Name: _____

Address: _____
Street

_____
Apt./Suite

_____
City   State   Zip

Are you legal to work in the US? ☐ Yes ☐ No

(____) ____ - _____
Cell Phone#

_____
E-Mail Address

How did you find out about this opportunity?
(person, place or publication)
_____

Employment Information

- How many years of experience do you have in the Hospitality Industry? _____

- How many years of experience do you have in the position you're applying for? _____

- What position/s would you consider working other than the one you're applying for?

  _____

- Are you over the age of 18? ☐ Yes ☐ No   • Are you over the age of 21? ☐ Yes ☐ No

- Date you can start: _____ / ___ / _____   • Seasonal end date: _____ / ___ / _____

- If you are presently employed may we contact your employer? ☐ Yes ☐ No

- You are applying for ☐ Year round ☐ Seasonal

  What is your availability?
  (Place an "X" in the box you're available)

	M	T	W	Th	F	Sat	Sun
AM	☐	☐	☐	☐	☐	☐	☐
PM	☐	☐	☐	☐	☐	☐	☐

Character Reference _____

(____) ____ - _____

Name	Phone#	Relationship	Years Known

(____) ____ - _____

Name	Phone#	Relationship	Years Known

Education Information

- Are you certified in any alcohol management (i.e. TAM)? ☐ Yes ☐ No

  If yes please list the class title and date certified: _____ / /

- Are you certified in Food Service Saftey & Sanitation (i.e. Serv Safe)? ☐ Yes ☐ No

  If yes please list the class title and date certified: _____ / /

- What is the level of education you have completed:

  ☐ High School Diploma ☐ Some College ☐ College Degree ☐ Graduate Degree

- Please list any trade, business, correspondence school, special study/reseach work or special training/skills attended:

  _____

  _____

- Are you presently on active duty or a member of the National Guard? ☐ Yes ☐ No

Former Employers

___ / ___	___ / ___		
From: Month/Year	*To:* Month/Year	Name of Company	Location
			(___) ___ - ___
Position/s Held		Name of Supervisor	Phone Number
Reason for leaving:			

___ / ___	___ / ___		
From: Month/Year	*To:* Month/Year	Name of Company	Location
			(___) ___ - ___
Position/s Held		Name of Supervisor	Phone Number
Reason for leaving:			

___ / ___	___ / ___		
From: Month/Year	*To:* Month/Year	Name of Company	Location
			(___) ___ - ___
Position/s Held		Name of Supervisor	Phone Number
Reason for leaving:			

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed on this application to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws".

X _____

Signature