



Application for Employment

Location

(please select one)

Wilmington

(Trolley Square)

Newark

(Main Street)

Date: _____ Date available to begin work: _____

Position Applying for: Check all that apply

- Manager Bartender Server Kitchen Position
 Bar back Host/Hostess Security

PERSONAL INFORMATION

Name First Last Middle Initial

Present Address Street Apt. No City State Zip

Social Security Number Home Phone # Cell Phone #

E-mail Address: _____

Have you ever applied to this company before? YES NO When? _____

Name of acquaintances employed by us _____

Have you ever been convicted of a felony or crime? (Conviction will not necessarily disqualify you from employment)
 YES NO If yes, please provide the date and description of the offense: _____

SCHEDULE AVAILABILITY

- I am available and desire to work FULL-TIME (a minimum of 30 hours) and do not have restrictions on my hours and days.
 I am available and desire to work PART-TIME (less than 30 hours).
 I have restrictions on my hours and days due to _____

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day							
Night							

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE.

EDUCATIONAL BACKGROUND

Indicate the highest level of education you completed:

HS Graduate Technical School College Graduate School

Type of School	Name & Address	Major	Last Year	Graduate	Degree
High School			9 10 11 12	Y / N	
College			1 2 3 4	Y / N	
Business/Trade			1 2 3 4	Y / N	

Please use the space below to further describe any additional knowledge, skills, abilities, training, and/or experience that could contribute to your position.

WORK EXPERIENCE

Begin with your most recent employment and continue with all relevant past employment. Attach additional sheet or resume, if necessary.

Present or last employer	Address	City	State	Zip
Begin Date	End Date	Total no. months employed	Business Phone #	
Starting Salary	Ending Salary	Job Title	Type of Business	
Supervisor's Name	Supervisor's Title	Supervisor's Phone #		

May we contact your employer? YES NO Reason for leaving: _____

Job duties/accomplishments: _____

ADDITIONAL INFORMATION

1. What unique talents or skills do you possess that would make you one of our best candidates?

2. What is your perception of customer satisfaction?

3. What is your favorite sports team and why?

If you are applying for a bartender/server position, please complete the following:

1. If you felt that a customer should not be served more alcoholic beverages due to the customer becoming intoxicated, how would you approach/handle the situation?

2. Name any four beers: (example: Guinness)

3. List 3 brands of vodka: (example: Grey Goose)

IF HIRED, you must present your original social security card *and one* of the following documents upon starting work:

- A card issued by Federal, State or local government showing your identity
- Driver's license, or state I.D. card with photo or descriptive information
- School I.D. card with photo or descriptive information
- U.S. Passport
- U.S. Military Card
- Proof of Age

IF HIRED, all bartenders/servers must provide proof of successfully completing the Alcoholic Beverage Serving Training Certification provided by the Delaware Alcoholic Beverage Control & Tobacco Enforcement.

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and 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 forging, 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 American with Disabilities Act (ADA) and other relevant federal and state laws.

Date _____

Signature _____