



1152 Leonard st
 Grand Rapids, MI 49504
 616-451-0044

EMPLOYMENT APPLICATION

To applicant:

River City Saloon is an Equal Opportunity Employer and it is the policy of River City Saloon that all applicants for employment shall be given fair and equal consideration, regardless of race, creed, color, sex, age, national origin, or citizenship, except that minimum age limits imposed by law are to be observed.

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

PERSONAL

Date: _____

Name: _____
 Last First Middle

Social Security #: _____

Present address: _____
 Street City State Zip

Telephone #: _____

How long have you lived at present address: _____

Date of Birth: _____ (Optional)

Previous address: _____
 Street City State Zip

How long did you live there? _____

Are you over the age of eighteen? _____

If no, hire is subject to verification that you are a minimum legal age.

Are you a smoker or tobacco user? _____

What position(s) are you applying for: _____

Would you work Full-Time: _____ Part-Time: _____

Were you previously employed by us? _____ If yes, when? _____

List any friends or relatives working for us, other than your spouse: _____

Rate of pay expected: \$ _____ per hr., week, yr. (circle one)

Specify days and hours: _____

If your application is considered favorably, on what date will you be available to work? _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? _____

What is your favorite beverage and where do like to drink it? _____

The last thing that made you laugh was... _____

Why do you want to work for us? _____

What are your other interests and hobbies? _____

How or by whom were you referred to this company? _____

WORK HISTORY

Name and Address and Phone # of Business	Describe the Work you Did	From: To:		Weekly Salary	Supervisor

May we contact the employers listed above? _____ If not, indicate by No, which one(s) you do not wish us to contact:

EDUCATION HISTORY

School	Name and Address of School	Course of Study/Major	Check Last Year Completed				Did you Graduate?	List Diploma or Degree
			9	10	11	12		
High							Yes	
							No	
College							Yes	
							No	
Other (Specify)							Yes	
							No	

PERSONAL REFERENCES

(Not Former Employers or Relatives)

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes No

Please describe: _____

In case of Emergency, notify: _____
Name/Relationship Phone #

"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 listed above to give you any and all information concerning my previous employment and any pertinent information that may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree, that if hired, my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Date: _____

Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____

Date: _____

Hired: Yes No Position: _____

Salary/Wage: _____

REFERENCES CHECKED

Name	Phone	Position	Response
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMENTS: _____

STARTING SCHEDULE: _____

