



# Employment Application

Hook'd Up Bar & Grill is an equal opportunity employer. Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or disability.

Name \_\_\_\_\_ Date \_\_\_\_\_

Location Applying for \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you at least 18 years old?  Yes  No    Are you legally able to work in the United States?  Yes  No

Have you ever been convicted of a crime?  Yes  No

If yes, state the nature of each offense and the date the offense took place:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked for Hook'd Up?  Yes  No    Location \_\_\_\_\_

Position \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Why do you want to work at Hook'd Up? \_\_\_\_\_

Position you're applying for today? \_\_\_\_\_ Available to start \_\_\_\_\_

Full time  Part time

Availability: (Please fill in all hours available to work on each day below)

Mon	Tues	Wed	Th	Fri	Sat	Sun

**EMPLOYMENT EXPERIENCE:** Start with your present or most recent employment. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin.

**Current Employer** \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Alt Telephone # \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Salary or Hourly Rate (starting) \_\_\_\_\_ (ending) \_\_\_\_\_

Specific responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Can we contact this employer?  Yes  No

**Employer 2** \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Alt Telephone # \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Salary or Hourly Rate (starting) \_\_\_\_\_ (ending) \_\_\_\_\_

Specific responsibilities \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Can we contact this employer?  Yes  No

**Employer 3** \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Alt Telephone # \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Salary or Hourly Rate (starting) \_\_\_\_\_ (ending) \_\_\_\_\_

Specific responsibilities \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Can we contact this employer?  Yes  No

EDUCATION

School Name & Location \_\_\_\_\_

Course of Study \_\_\_\_\_

# of Years \_\_\_\_\_ Completed \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ Degree/Diploma \_\_\_\_\_

High School \_\_\_\_\_

Business/ Trade/ Technical College \_\_\_\_\_

Other \_\_\_\_\_

Describe any special qualifications for this position, or any other information you'd like us to know about you: \_\_\_\_\_  
\_\_\_\_\_

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize Hook'd Up to conduct criminal background search and credit search to verify my suitability for employment. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in discipline up to and not excluding termination. Further, I certify that I have been fully advised that if I am injured on the job, regardless of how minor the injury may seem, I am to report that injury immediately to my supervisor, and that if medical attention is needed I am willing to submit to a drug test. I understand that any false or misleading statements can be sufficient reason for denial of benefits under the prevailing state Workers' Compensation Act, and basis for termination of employment.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

(Please indicate State Identification Card if DL is unavailable)

Application accepted by \_\_\_\_\_ Date \_\_\_\_\_