



OFFSIDES SPORTS BAR & GRILL

Employment Application

APPLICANT INFORMATION			
Last Name	First		Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone			
Date Available	Birth Date		
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
<u>High School:</u>			
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<u>College:</u>			
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree	
<u>Other:</u>			
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree	

SKILLS / QUALIFICATIONS

Please List any particular skills/qualifications that you think would make you a valuable addition to the team:

PREVIOUS EMPLOYMENT

Company 1		Phone ()	
City, State		Supervisor	
Job Title		Salary	\$
From	To	Reason for Leaving	
Company 2		Phone ()	
City, State		Supervisor	
Job Title		Salary	\$
From	To	Reason for Leaving	
Company 3		Phone ()	
City, State		Supervisor	
Job Title		Salary	\$
From	To	Reason for Leaving	

AVAILABILITY

Please specify which days you are available to work.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date