

**DUFFY'S SPORTS GRILL
APPLICATION FOR EMPLOYMENT**

We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, disability, veteran status or any other protected status. Please advise us if any accommodation is needed to participate in the application process. PLEASE PRINT OR TYPE

Application Date: ____ / ____ / ____
 Name: _____
 Permanent Address: _____

 Phone number: _____
 Cell number: _____
 Email Address _____

Position Desired: _____
 Wage Desired: _____ Date available: _____
 Full time or Part time
 Are you willing to work overtime? Yes No
 Are you at least 18 yrs old? Yes No
 Please list any days of the week or shifts that you will not be able to work. _____

CURRENT AND FORMER EMPLOYERS

Employer: _____
 Address: _____

 Phone: _____
 Starting Position: _____
 Last Position: _____
 Beginning & Ending Salary: _____ / _____
 Dates Employed: _____ to _____
 Immediate Supervisor: _____
 Reason for leaving: _____

 May we contact this employer?

Employer: _____
 Address: _____

 Phone: _____
 Starting Position: _____
 Last Position: _____
 Beginning & Ending Salary: _____ / _____
 Dates Employed: _____ to _____
 Immediate Supervisor: _____
 Reason for leaving: _____

 May we contact this employer?

Employer: _____
 Address: _____

 Phone: _____
 Starting Position: _____
 Last Position: _____
 Beginning & Ending Salary: _____ / _____
 Dates Employed: _____ to _____
 Immediate Supervisor: _____
 Reason for leaving: _____

 May we contact this employer?

Employer: _____
 Address: _____

 Phone: _____
 Starting Position: _____
 Last Position: _____
 Beginning & Ending Salary: _____ / _____
 Dates Employed: _____ to _____
 Immediate Supervisor: _____
 Reason for leaving: _____

 May we contact this employer?

REFERRED BY: (Newspaper/Walk-In/Friend/Etc.) _____
 Have you ever worked for Duffy's Sports Grill in the past? _____ If so, which location? _____

EDUCATION AND TRAINING

SCHOOL	NAME, STREET, CITY, STATE, ZIP	# OF YRS. COMPLETED	GRADUATED	MAJOR
HIGH SCHOOL				
COLLEGE				
ADDITIONAL TRAINING				

List any job related skills you possess: _____

Military Service: Have you served in the United States Armed Forces? Yes No

Which Branch? _____

Indicate any special job related training received: _____

ADDITIONAL EMPLOYMENT HISTORY INQUIRIES

In order to permit a check of your work and education records, should we be made aware of any change in name or assumed name that you previously used? Yes No

If yes, identify name(s) and relevant dates: _____

Have you ever been dismissed or forced to resign from any employment? Yes No

If yes, please explain: _____

Are you legally authorized to work in the US? Yes No

Have you ever been convicted, entered a plea of no contest, had adjudication withheld, or prosecution deferred for any felony offense? (Convictions will not necessarily exclude you from employment, but date and type of conviction may be considered for job placement.)

Yes No

If yes, please explain in full, indicating date, charge, place, under what name, and action taken. (Attach additional sheets of paper if necessary.)

EMERGENCY NOTIFICATION DESIGNATION

Person to notify in case of emergency: _____

Relationship: _____ Phone No. _____

Street Address: _____

UNDERSTANDING

I authorize investigation of all statements contained in this application form if I am considered for employment. I also understand that misrepresentation or omission of the facts called for herein or receipt of unsatisfactory references may result in disciplinary action up to, and including discharge.

I understand that my employment can be terminated at any time, with or without cause, and with or without notice, at the option of either the company or myself. Applications are kept for a period of two years. Proof of right to work and identity will be required if selected for hire. All new employees are employed subject to a 90 day introductory period. I agree, that if I am hired by this company, I waive my rights to a jury trial.

Applicant's Signature

Date

PRE-EMPLOYMENT DRUG TESTING POLICY

All job applicants at this Company will undergo screening for the presence of illegal drugs as a condition for employment.

Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the Company or in an instant oral swab test on site, and by signing consent agreement, will release the Company from liability.

(Any applicant with positive test results will be denied employment at that time.)

The Company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that the Company will not tolerate.

PRE-EMPLOYMENT AGREEMENT

PLEASE READ CAREFULLY

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to the minimum standards established by the Company for this screen might disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the Company, I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to meet the minimum standards set for the screen may result in immediate suspension or discharge.

In the event that employment commences prior to the Company receiving the drug test results, I understand that I will be immediately terminated if the result comes back positive, adulterated or substituted. I understand that a negative drug test result is required for consideration for permanent employment.

I have read in full and understand the above statements and conditions of employment.

Applicant's Signature

Date

Driver License Information:

State: _____

DL# _____