

# Molitor's

## Quarry Grill & Bar and Events

Applying For:

Waitstaff

Host

Kitchen

Bartender

### EMPLOYMENT APPLICATION

First Name	Initial	Last Name	Social Security Number	Phone Number
Street	City	State	Zip	Date

### AVAILABILITY

Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_ Expected Last Day to Work: \_\_\_\_\_

### LIST HOURS AVAILABLE TO WORK:

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

### EDUCATION

High School/College	Location	City, State	Contact Person, Teacher/Counselor	Last Grade Completed	Grade Point Average	Graduate or Now Enrolled
Sports/Activities						

### HOW WOULD YOU RATE YOURSELF

(1 = Weak, 2 = Improvement, 3 = Solid, 4 = Strength, 5 = Superstar)

- \_\_\_\_\_ HOSPITALITY: Your natural friendliness and customer service skills.
- \_\_\_\_\_ ENERGY LEVEL: Your enthusiasm, self-motivation and sense of urgency.
- \_\_\_\_\_ RELIABILITY: Your dependability, attendance, self-discipline, and dedication.
- \_\_\_\_\_ COMMUNICATION SKILLS: Your ability to listen well, express yourself clearly and accept feedback.
- \_\_\_\_\_ PERSONAL PRIDE: Your appearance, hygiene, and achievement.
- \_\_\_\_\_ TEAMWORK: Your cooperation with others and team spirit.

### MILITARY

Were you ever in the Armed Forces?	Branch of Service:
Starting Rank:	Rank at Discharge:

### IN CASE OF EMERGENCY NOTIFY

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

### BACKGROUND

- Yes  No Do you have reliable transportation to get to work?
- Yes  No Have you ever been counseled or disciplined for cash handling violations?
- Yes  No Have you ever been counseled or disciplined for being late or absent from school or work?
- Yes  No Have you ever been convicted of a felony?
- Yes  No Have you ever been convicted of a crime involving dishonesty?
- Yes  No Have you ever been convicted of a violence to another person?  
If yes, give dates charged, penalty assessed or disposition: \_\_\_\_\_
- Yes  No Are you over 18?

## WORK EXPERIENCE

Starting with your most recent employer. May we contact these employers  Yes  No

Company Name and Address	Position	Dates Employed	Ending Wage
	Supervisor	From	Reason for Leaving
	Supervisor's Telephone Number	To	
Company Name and Address	Position	Dates Employed	Ending Wage
	Supervisor	From	Reason for Leaving
	Supervisor's Telephone Number	To	
Company Name and Address	Position	Dates Employed	Ending Wage
	Supervisor	From	Reason for Leaving
	Supervisor's Telephone Number	To	

## REFERENCES

List three school, business, or personal references that you give permission for us to contact. They should be not related to you.

Name	Telephone Number	Known How Long?	School*	Work*	Personal*
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Check (✓) Type of Reference

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT I AGREE TO CONFIRM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONSIDERATIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT FOR THE EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**FOR OFFICE USE ONLY**

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS

NEATNESS \_\_\_\_\_

ABILITY \_\_\_\_\_

HIRED  Yes  No

DEPARTMENT \_\_\_\_\_

POSITION \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ DATE REPORTED TO WORK \_\_\_\_\_

\* This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.