



APPLICATION FOR EMPLOYMENT

Boulder Tap House

DATE:

Personal Information

NAME			
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER		EMAIL ADDRESS	

Employment Desired

POSITION	DATE YOU CAN START	WAGE DESIRED
ARE YOU CURRENTLY EMPLOYED? YES / NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES / NO		

Availability

<input type="checkbox"/> DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS CHECK ALL 8am-4pm 4pm-CLOSE THAT APPLY: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	DESIRED HOURS PER WEEK
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IS THERE ANY TIME DURING THE YEAR YOU WOULD NOT BE AVAILABLE? **YES / NO** IF YES, PLEASE EXPLAIN:

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE/TECH SCHOOL				

General Information

<input type="checkbox"/> U.S. MILITARY SERVICE	BRANCH:	RANK:
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Previous Employment

DATE: MONTH & YEAR	NAME, CITY & STATE OF EMPLOYER	RATE OF PAY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				

Additional Skills/Experience

Authorization

I certify 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 and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company for all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or make any arrangement contrary to the foregoing unless it is in writing and signed by an authorized company representative.

APPLICANT SIGNATURE:	DATE:
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