

<b>5th Quarter</b>
Sports Bar * Restaurant
Little Chute, WI 54140-0185

Today's Date:
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**Personal Information**

Name (Last, First, Middle Initial)		Social Security Number	
		- -	
Address	City	State	Zip Code
Phone Number	Are you legally authorized to work in the United States?	Are you 18 yrs. of age or older?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of, plead guilty to, or received deferred adjudication of a crime (other than a minor traffic violation)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Conviction does not automatically disqualify you from employment. All circumstances will be considered.</i>			

All offers of employment are conditioned upon the right to work in the United States and proof of such right will be required with three (3) working days from when your employment begins.

**Employment Desired**

Position Desired	Date You Can Start	Salary Desired
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you available for work? (Please check if "YES".)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Weekends

**Education**

Name & Location of School	# of Years Attended	Graduate?	Major
High School			
College			
GED			
Trade, Business, or Technical School			
Military/Other			

Please list any other information you think would be helpful in considering you for employment (i.e., activities, accomplishments, current course work, professional accreditation, etc.).

**Former Employers**

Date Month and Year	Name & Address of Employer	Reason for Leaving	Ending Salary
From			
To			
Describe your duties:			
Immediate Supervisor:			

Date Month and Year	Name & Address of Employer	Reason for Leaving	Ending Salary
From			
To			
Describe your duties:			
Immediate Supervisor:			

Date Month and Year	Name & Address of Employer	Reason for Leaving	Ending Salary
From			
To			
Describe your duties:			
Immediate Supervisor:			

References		
Name	Phone Number	Years Known

**Authorization**

"I certify that 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 from 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 to make an agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_