

Bailey's Bar & Grille is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

## (PLEASE PRINT IN INK)

Position(s) Applied For		Date of Application		
Last Name	First Name	Middle Name		
Address	City	State	Zip Code	
Telephone Number	Alternate Number	Social Security Number (	If available)	
How Did You Hear About [] Newspaper Ad [] Emp. [] Other	loyment Agency [] Current	Employee		
Are you legally eligible to v	vork in the United States? equired upon offer of employ	ement)	YES [] NO []	
Are you over the age of 18	•		YES [] NO []	
(If no, you may be required	to provide authorization)			
	asonable accommodation po		ons of	
this job? (If you have any q interviewer before answering	uestions about the functions g this question.)	of the job, please ask the	YES [] NO []	
Have you ever applied to [0	YES [] NO []			
Have you ever worked for	[COMPANY] before? (If yes	s, please give date.)	YES [] NO []	
Do you have a valid driver	's license? (For driving positi	ions only.)	YES [] NO []	
Have you been convicted of If yes, please explain:	f any moving violations in th	ne past five years?	YES [] NO []	

Is anyone related to you employed by Bailey's?  If yes, please give their name and relationship to you						YES [] NO []				
What salar	y or r	ate of pay	do you expo	ect to receiv	e if employed?			_per		
Have you e If yes, pleas			r asked to r	esign from a	a job?				YES [] N	O []
		-			l notify my sup	oervisor	in w	riting, sho	ould my ava	ilability
	Day	Sunday	Monday	Tuesday	Wednesday	Thurs	day	Friday	Saturday	
	AM				-					
	PM									
				FI	DUCATION					_
	Name and Loca of School		d Location	Course of Study or Major		# of Years Completed		_		
	Elen	nentary						_		
	High	n School								
	Coll	ege								
	Gra	duate								
	Voca	ational								
					ces held, etc. (I veteran status.		st any	y which re	eflect your ra	ice, colo
Describe a	ny spe	cialized tr	aining, app	renticeships	, licenses or sk	ills.				
Have you r Please give				ining in the	United States I	Military	? Y	ES [] NO	0	
ELIDI OTT	ADNI	HIGEOR	<b>X</b> 7 / <b>D</b>	•		,	\ 5	, .	,	

EMPLOYMENT HISTORY (Begin with current or most recent employer.) Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at Bailey's

Company Name	Employment Dates From To	Salary Start End	Name and Title of Supervisor			
Address		\$ \$				
	Describe your dutie	es:				
Phone						
Reason for leaving	and explanation					
Company Name	Employment Dates From To	Salary Start End	Name and Title of Supervisor			
Address		\$ \$				
	Describe your dutie	Describe your duties:				
Phone						
Reason for leaving	g and explanation					
Company Name	Employment Dates From To	Salary Start End	Name and Title of Supervisor			
Address		\$ \$				
	Describe your dutie	<u>'</u>	11			
Phone						
Reason for leaving	and explanation					
Company Name	Employment Dates From To	Salary Start End	Name and Title of Supervisor			
Address		\$ \$				
	Describe your dutie	es:				
Phone						

Please provide any other information that you feel will help us in considering your application for employment.

 $REFERENCES \ (Please\ list\ three\ persons,\ who\ are\ not\ related\ to\ you\ or\ previous\ supervisors,\ who\ can provide\ professional\ references.)$ 

Name	Address	Phone Number	Relationship / Occupation	Years Known

## APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

## \*PLEASE READ CAREFULLY BEFORE SIGNING\*

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Bailey's (hereinafter referred to as "[COMPANY]") that such employment with [COMPANY] is at will, for no specified duration and may be terminated by either [COMPANY] or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of [COMPANY] or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of [COMPANY] except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of [COMPANY].

In consideration for employment with [COMPANY], if employed, I agree to conform to the rules, regulations, policies and procedures of [COMPANY] at all times and understand that such obedience is a condition of employment. I understand that due to the nature of [COMPANY] business, attendance and punctuality are considered essential requirements of every job at [COMPANY] and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with [COMPANY], I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-

employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I herby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Bailey's and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO

THE ABOVE STATEMENTS.						
Signature	Date					
Name and number of person completing this form if other than applicant:						

[COMPANY] IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.