

## APPLICATION FOR EMPLOYMENT

The Clayton Club Saloon is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state or provincial law.

PERSONAL INFORMATION: NAME (LAST, FIRST, MIDDLE):							DATE:					
PRESENT ADDRESS (STRE	ET, CITY, STATE,	ZIP):										
PERMANENT ADDRESS (ST	REET, CITY, STA	ΓE, ZIP):										
PHONE NUMBER (DAYTIME / EVENING):								SOCIAL SECURITY NUMBER:				
TATE NAME AND RELATIONSHIP OF ANY RELATIVE PRESENTLY EMPLOYED WITH D'S MUDVILLE GRILL, INC.:							REFERRED BY:					
ARE YOU UNDER 18 YEARS OF AGE?		IF YES, DATE OF BIRTH?					IF UNDER 18, AFTER HIRED, CAN YOU FURNISH A WORK PERMIT?					
AFTER EMPLOYED, CAN YO	OU FURNISH DOC	UMENTATION PR	ROVING THE LEGA	L RIC	SHT	ТО	REN	IAIN AND	WORK	IN THE UNITED S	STATES?	
EMPLOYMENT DESIRE	ED:											
POSITION:							DATE YOU CAN START:					
SPECIFY HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY			Υ		DAY	SATURDAY	SUNDAY	
AVAILABLE FOR EACH DAY OF THE WEEK	AM	AM	AM	AM				AM		AM	AM	
ARE YOU ABLE TO WORK O	PM PM PM PM E YOU ABLE TO WORK OVERTIME? HAVE YOU EVER APPLIED TO THIS COMPAN		IY B			PM WHEN?	PM					
EDUCATION:												
	NAME A	NAME AND ADDRESS OF SCHOOL		CIRCLE LAST YEARS COMPLETED			RS	DID YOU GRADUATE?		SUBJECTS STUDIED AND DEGREES RECEIVED		
HIGH SCHOOL				1	2	3	4	Y	N			
COLLEGE				1	2	3	4	Y	N			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				1	2	3	4	Y	N			
OTHER INFORMATION LIST SKILLS RELEVANT TO		PPLIED FOR:										
SUBJECTS OF SPECIAL ST	UDY, RESEARCH	WORK OR SPEC	IAL TRAINING:									
ACTIVITIES: (CIVIC, ATHLE)	ΓΙC, ETC.)											

List below current and last three employers, starting with most recent. **FORMER EMPLOYERS:** Please include any non-paid/volunteer experience that is related to the job for which you are applying. DATE **MONTH AND YEAR** NAME AND ADDRESS OF EMPLOYER SALARY **POSITION REASON FOR LEAVING** FROM:

TO:		PER:						
DUTIES PERFORMED:								
SUPERVISOR'S NAME:	PHONE NUMBER:		MAY WE CONTACT?					
FROM:		\$						
TO:		PER:						
DUTIES PERFORMED:								
SUPERVISOR'S NAME:	PHONE NUMBER:		MAY WE CONTACT?					
FROM:		\$						
TO:		PER:						
DUTIES PERFORMED:								
SUPERVISOR'S NAME:	PHONE NUMBER:		MAY WE CONTACT?					
FROM:		\$						
TO:		PER:						
DUTIES PERFORMED:								
SUPERVISOR'S NAME:		PHONE NUMBER:		MAY WE CONTACT?				
REFERENCES: Give the name	es of three persons not related to you,	whom you have known a	at least one year.					
NAME	ADDRESS & PHON		BUSINESS	YEARS ACQUAINTED				
the rejection of my application or, i meaning it may be terminated a application nor any discussions du	n of all information provided in this applicate of all information provided in this application of the distribution of the distribution of the distribution of the interview process are intended to distribute the existence of an available position	ermination. Additionally, I seretion of the employer, with establish an employment con	understand and accept the hout prior notice. I ack tract. Furthermore, I u	hat my employment is at-will, nowledge that neither this nderstand that completion of				
SIGNED:			DATE:					
	APPLICANT – DO NOT	WRITE BELOW THIS	S LINE					
INTERVIEWED BY:			DATE:					
REMARKS:								
NEATNESS:								
ABILITY:								
HIRED:		START DATE:						
POSITION:		SALARY:	SALARY:					