

Olde Peninsula Brewpub & Restaurant

Application for Employment

This company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

Position Applied For: _____ Date of Application: _____

Date You Can Start: _____

(Please note that this application will only remain active for 3 months, after which the applicant would need to re-apply.)

Name: _____ Soc. Sec. # _____
Last Middle First

Present Address:

Street City State Zip

Permanent Address:

Street City State Zip

Telephone #: Home(_____) _____ Work(_____) _____

Are you 18 years or older? _____ Yes _____ No

Are there any hours or days of the week you cannot work? _____ If so, when? _____

Salary Desired: _____ Type of Employment: _____ Full-time _____ Part-time

Are you employed now? _____ May we contact your present employer? _____

Name, title and phone number of current employer: _____

Have you ever applied to this Company before? _____ When? _____

Under what name? _____

Education:

Do you have U.S. Military experience? _____ Date Entered: _____

Branch: _____ Rank: _____ Date Discharged: _____ Honorably? _____

Are you lawfully entitled to be employed in the United States? _____

Have you ever been convicted of a crime except a minor traffic violation? _____ No _____ Yes

If so, please state citation, date and place where the offense occurred, _____

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application: _____

References: Two individuals not related to you, whom you have known for at least one year:

Name	Street	City/State	Phone
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Name	Street	City/State	Phone
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Emergency Contact:

Name	Street	City/State	Phone	Relationship
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Current and Former Employer's (Starting with the Most Recent)

Company Name: _____	Dates From: _____	To _____
Address _____	City _____	State _____ Zip _____
Contact Person: <input type="checkbox"/>	Telephone Number: _____	
Salary: Beginning: _____	Ending: _____	Job/Title _____
Reason for Leaving _____		

Company Name: _____	Dates From: _____	To _____
Address _____	City _____	State _____ Zip _____
Contact Person: <input type="checkbox"/>	Telephone Number: _____	
Salary: Beginning: _____	Ending: _____	Job/Title _____
Reason for Leaving _____		

Company Name: _____	Dates From: _____	To _____
Address _____	City _____	State _____ Zip _____
Contact Person: <input type="checkbox"/>	Telephone Number: _____	
Salary: Beginning: _____	Ending: _____	Job/Title _____
Reason for Leaving _____		

May we contact the employers listed above? Check **(X)** the boxes above if yes, leave them blank if no.

Please read the following statement carefully before signing to indicate your understanding.

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform Olde Peninsula Brewpub prior to the test so that a reasonable accommodation can be made. Olde Peninsula Brewpub reserves the right to require medical documentation regarding the need for accommodation.

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 may result in termination.

I understand and agree that if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those marked not to contact, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability from any information they may give to Olde Peninsula Brewpub & Restaurant.

Signature: _____ Date: _____