

May we contact the past and/or present employers listed above? yes no If no, indicate those you do not want us to contact.

IN CASE OF EMERGENCY, NOTIFY:

Name _____ Address _____ Phone number _____

Military Service: Veteran	yes	no	Branch _____	From _____	To _____	Rank at Discharge _____
Honorable Discharge	yes	no	Any unfulfilled obligations?	yes	no	
Military Schools Attended _____						

Education

Schooling	Name and Location of School	Educ. Completed	GPA	Graduate
		Grade Year		Yes/No
High School				
College				
Trade/Business				
Other (specify)				

References

Give the names of persons not related to you as references, whom you have known at least 1 year				
Name	Address	Phone Number	Years Acquainted	Personal/Business
1.				
2.				
3.				
(Attach List of Additional References, if any)				
Are you known to schools/references by another name? yes no If yes, please indicate the name (s).				

1. I authorize investigation of all statements contained on this application except where I have requested on this form that no investigation to be made.
2. I understand that misrepresentation of omission of facts called for is cause for dismissal and that my employment is substantially dependent on truthful answers to the foregoing inquiries.
3. I understand that nothing contained in this employment application or in the granting of an interview is intended to nor does it create an employment contract between the company and myself for either employment or the providing of any benefit. In the event that an employment relationship is established. I understand that I have the right to terminate my employment at any time for any reason or no reason, and the Company retains the same right regarding the discontinuation of my employment.
Date _____ Signature _____

Server Applicants Only

If tip allocation is required, I, the undersigned, agree that allocating tips based upon hours worked per tipped employee reflects a good faith approximation of the actual distribution of income among the tipped employees in this establishment. NOTE: IRS rules require that the allocation method "reflect a good faith approximation of the actual distribution of tip income".
Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE-EMPLOYER'S USE (to be filled in only AFTER hire)		
Date Hired	Rate of Pay	Job Class to Start
Position	Signed	
Race	Sex Male	Female

