Jean Bonnet Tavern Application for Employment An Equal Opportunity Employer Revised: 4/12/08

Instructions: Print in blue or black ink or type. Fill out completely; if an item does not apply mark N/A. Resumes will be accepted in addition to, but not in place of application. Be sure to sign when completed.

Name:	anton to, but not in	ріасс сі арріюа	acii. Do oui	o to digit		ipiotou.				
Address:		Home Phone:								
,										
Work Phone:					Other Phone:					
Position Applying For:					Full Time or Part Time					
Date Available for Work:					Salary Expected:					
Hours Availa							-			
Sunday	Monday	Tuesday	Wedne	esday Thursday		lay	Friday Sat		ırday	
	eviously employ e provide dates.				s No					
	e to <u>after emplo</u> e United States		t proof of	U.S. Ci	tizenshi	p or ve	erification of you	ır legal	right	
two years? (ver been convict Conviction will r e explain:	not necessari	ily disqua	lify you	as an a	oplican		0 in the	last	
applying? \ If yes, please	Yes No e explain:						e position for wl	-		
	, are you of lega	_		-		-	es No			
	any relatives er e list names, rela									
Who were yo	ou referred by?									
Education: (Tr	ranscripts may be	required for ve	erification.))						
Type of	Name & Loca	ation F	Hours	Gradu	uated?	Туре	of Diploma or D	egree	Field	
School		Coi	mpleted	Yes	No				Stud	
High										
School or										
GED					1					
College,										
University,										
Technical/										
Vocational										
	1	1		1		1				

Employment History: (Start with most recent employer					
Employer:	Full Time or Part Time				
Address:	Phone Number:				
Starting Date:	Leaving Date:				
Starting Salary:	Ending Salary:				
Starting Position:	Present or Last Title:				
Immediate Supervisor's Name:					
Brief Description of Duties & Responsibilities:					
Reason for Leaving:					
May we contact this employer? Yes No					
Employer:	Full Time or Part Time				
Address:	Phone Number:				
Starting Date:	Leaving Date:				
Starting Salary:	Ending Salary:				
Starting Position:	Present or Last Title:				
nmediate Supervisor's Name:					
Brief Description of Duties & Responsibilities:					
Reason for Leaving:					
May we contact this employer? Yes No					
Employer:	Full Time or Part Time				
Address:	Phone Number:				
Starting Date:	Leaving Date:				
Starting Salary:	Ending Salary:				
Starting Position:	Present or Last Title:				
Immediate Supervisor's Name:					
Brief Description of Duties & Responsibilities:					
Reason for Leaving:					
May we contact this employer? Yes No					
Please read carefully before signing. If you have any for assistance.	questions regarding the following statements, please ask				
	hose on any attachments are, to the best of my knowledge, true vill. I agree that any misstatements or omissions as to material s or dismissal from employment.				
	oyers (as indicated), schools, officials, and persons named as als, and individuals from any liability for any damage whatsoever				
	may be required to work outside a normally defined workday or the mployment may be terminated at any time and without any ment related benefits.				
Applicant's Signature	Date				