

APPLICATION FOR EMPLOYMENT

North Park Lounge

North Park Lounge is an equal opportunity employer dedicated to a code of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap, national origin or any other protected class.

Personal Information

Date _____ Social Security Number _____

Name _____
Last First Middle

Address _____
Street City State ZIP

Phone Number _____ Alternate Phone number _____

Referred By _____ Are you 18 or older? Yes No

Employment

Position Desired _____ (Be specific) Days/ hours available to work
 Alternative Position _____ No Pref. _____ Thurs _____
 Mon _____ Friday _____
 Tues _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____

Can you work nights? _____

Availability Full-time only Part-time only Full- or part-time Casual/Seasonal

When can you start? _____

Education

Name and Location Circle last year completed Did you graduate? Subjects studied/ Degree Received

| | Name and Location | Circle last year completed | Did you graduate? | Subjects studied/ Degree Received |
|------------------------|-------------------|----------------------------|--|-----------------------------------|
| High School | | 1 2 3 4 | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| College | | 1 2 3 4 | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Trade/ Business School | | 1 2 3 4 | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Other | | 1 2 3 4 | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

General

Subject(s) of Special Study or Research _____

Job related skills _____

Activities and Honors _____

Exclude Organizations that indicate race, sex, color or national origin

Have you ever been convicted of a crime? Yes No

If yes, explain number of convictions, nature of offense(s) leading to conviction(s), how recently such offense(s) was/ were committed, sentence(s) imposed, and type(s) of rehabilitation _____

Employment History List below your last four employers, starting with the last one first

| Dates | Name and address of employer | Salary | Position | Reason for leaving |
|------------------------|------------------------------|--------|------------------|--------------------|
| From _____ To _____ | _____ Phone _____ | | Supervisor _____ | |
| From _____ To _____ | _____ Phone _____ | | Supervisor _____ | |
| From _____ To _____ | _____ Phone _____ | | Supervisor _____ | |
| From _____ To _____ | _____ Phone _____ | | Supervisor _____ | |

May we contact your previous employers? Yes No May we contact your current employer? Yes No

Military

Have you ever been in the Armed Forces? Yes No

Are you now a member of the National Guard or other Military Reserves? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

References List three persons not related to you, whom you've known at least one year.

| Name | Address/ Phone | Occupation | Years Acquainted |
|------|----------------|------------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. _____

Authorization

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may be terminated at any time without cause and without any previous notice.

Signature _____

Date _____