



Applicant Information

Date: _____ Position Applying For: _____

Last Name/First Name/ Middle Initial: _____

Complete Address: _____

Cell Phone Number: _____ Email Address _____

SSN: _____ Over 21 Years Old? Yes No

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Have you ever worked for this company? Yes No When? _____

Employment Preferences

Interested In: Full Time Part Time How many hours per week expected? _____

Date Available to Start: _____ Referred by: _____

Please Check Shift Availability: Any upcoming time off requested _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> AM						
<input type="checkbox"/> PM						

Do you anticipate any changes to your availability in the next 6 months? Please Explain.

Education

High School: _____ City/State: _____

From: _____ To: _____ Did you graduate: Yes No Diploma: _____

College: _____ City/State: _____

From: _____ To: _____ Did you graduate: Yes No Degree: _____

Other: _____ City/State: _____

From: _____ To: _____ Did you graduate: Yes No Degree: _____

References

Name: _____ Phone Number: _____

Relationship: _____ Years Known: _____

Name: _____ Phone Number: _____

Relationship: _____ Years Known: _____

The Equal Opportunity Policy of Pub Dog Colorado is to consider all qualified applicants without regard to race, color, gender, religion, creed, age, national origin, political affiliation, marital status, sexual orientation or any non-job related characterization.



Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Start Pay:\$ _____ End Pay: \$ _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Start Pay:\$ _____ End Pay: \$ _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Start Pay:\$ _____ End Pay: \$ _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Employment Questions

1. Employees are strictly prohibited from drinking on restaurant property on any day that he or she is scheduled to work. Can you comply? Yes No
2. Employees are prohibited from arriving to work intoxicated or under the influence of drugs or controlled substances, including marijuana. Can you comply? Yes No
3. Smoking is strictly prohibited anywhere on property at any time. Can you comply? Yes No
4. A violation of any state or federal liquor law is strictly prohibited. Can you comply? Yes No
5. The use of personal cell phones on shift is strictly prohibited. Can you comply? Yes No
6. Are you willing to work around dogs and uphold health standards? Yes No

I certify that the information on this form is true. I understand all information is subject to verification and that making false statements can be cause for dismissal. I authorize you to obtain information concerning me from former employers/references and I release all concerned from any liability in that regard.

Signature: _____ Date: _____