

HOURLY EMPLOYMENT APPLICATION

Last Name	ame First		st Name		Middle Initial		Today's Date / /		
Street/ P.O. Box		Apt. #		City	State		ZIP Code		
Daytime Phone I	No.	Evening	g Phone No).	Social Secu	rity#	Expec	ted Hourly F	ay
() -		() -		-	-	\$		
Do you have reliable transportation to and from work during hours of operation? O Yes O No		Are you applying for a full-time or part-time position? O Full-time O Part-time		want to wo	How many hours per week do you want to work? Minimum Maximum				
Position(s) Appl	ing For:								
O Server O Bartender	C	Host Server A	Assistant		Cook/Line	•) Dishwa	sher	
2. Are you of legal age to serve alcoholic beverages (18 years or older)?									
5. Have you been convicted of a felony that has not been annulled, expunged or sealed by the court?									
6. Would you be willing to work flexible hours (including lunch and weekends)? • Yes • No									
7. Are you willing to work holidays? O Yes O No									
8. Please indicate any days and times <u>you would be willing to work</u> if hired.									
	TUE	S	WED	THU	JRS F	RI SA	T	SUN	
AM									
PM									
If hired when w	ould vor	he evelle	blo to otarti	<u> </u>	·	1	· ·		

Applicant Name:						
10. Why are you applying for a position with us?						
-	y experiences, skills, or trainin		makes you			
	EMPLOYN	ΛΕΝΤ HISTORY				
	Current/Most Recent Employer	Previous Employer	Previous Employer			
EMPLOYER/ BUSINESS NAME						
ADDRESS/LOCATION						
MAY WE CONTACT THIS EMPLOYER? IF NO, PLEASE EXPLAIN.	O Yes O No	O Yes O No	O Yes O No			
SUPERVISOR'S NAME:						
PHONE NUMBER						
LENGTH OF EMPLOYMENT	From To Month/Year Month/Year	From To Month/Year Month/Year	From To Month/Year			
POSITION(S) HELD						
DESCRIPTION OF DUTIES AND RESPONSIBILITIES			`			
HOURLY PAY RATE						
AVERAGE HOURS WORKED PER WEEK						
REASON FOR LEAVING						
Emergency Contact Information						
Please list the person we should contact in case of an emergency.						
Name:	Phone:	Relationship:				

Reference Name:	Relationship:	Phone Number:	Email Address:
the information and answe I I have not omitted any an	rs to questions herein are swer that I was able to gi	ve. I understand that any fo	ilse, misleading, or omitted
the information and answe d I have not omitted any and formation in my application II result in termination. a condition of employment, and, urine, and other tests) t	rs to questions herein are swer that I was able to gi will be grounds for disquo , I agree, upon request, to to determine the presence	ve. I understand that any fo alification for further emplo o submit to any physical exa e of alcohol or drugs. I agre	alse, misleading, or omitted yment and, if discovered after hi minations or tests (including
d I have not omitted any and formation in my application il result in termination. a condition of employment, and other tests) to a condition of employment, and other tests of the results of the results of the right to amend and/or for notice. If I am hired, I fur	rs to questions herein are swer that I was able to gi will be grounds for disque I agree, upon request, to determine the presence the above-mentioned except with and abide I Riverwalk Associates, Inc. I change its rules, regulating ther agree that my employed that nothing in this appoint the series of the ser	ve. I understand that any for allification for further employed submit to any physical example of alcohol or drugs. I agreed amination(s). By all policies, rules and regreed ("The George"). I acknowled fons, policies, procedures, anyment may be terminated polication creates, or will creates.	yment and, if discovered after hi

HOURLY EMPLOYMENT VERIFICATION (FOR OFFICE USE ONLY)

	Employment Verification #1	Employment Verification #2
Date of Employment Verification		
Conducted by		
Company		
Name of Supervisor		
Supervisor's Title		
"Mr./Ms. (Name) has applied for employment with us. I would like to verify some of the information given to us. When did he/she work for your company?"	From:/	From:/
"Would you re-employ him/her?"	O Yes O No	O Yes O No
"What was his/her job with you?"		
"He/she says compensation was \$ Is that correct?"	O Yes O No \$	O Yes O No \$
"Why did he/she leave your company?"		
"I would like to talk with another individual who worked closely with (Name). Who can you recommend and how can I contact him/her?"	Name Position Phone #	Name Position Phone #
Additional Comments		

Management Recommendation:	0	Continue	O Discontinue
FOH MGR		BOH M	IGR