

SCHOONER'S RIVERSIDE PUB INC.
APPLICATION FOR EMPLOYMENT

SCHOONER'S IS AN EQUAL OPPORTUNITY EMPLOYER

NAME _____
(Last) (First) (Middle Initial)

ADDRESS _____
(Number) (Street) (City) (State) (Zip)

E-MAIL ADDRESS _____ IF UNDER 18 YRS OF AGE, D/O/B _____

HOME PHONE _____ WORK PHONE _____ CELL/OTHER PHONE _____

POSITION APPLYING FOR: _____ FULL TIME or PART TIME? _____

DATE YOU CAN START? _____ DAYS AVAILABLE? _____

WERE YOU REFERRED BY ANYONE EMPLOYED BY US? _____

EDUCATION AND TRAINING

Grammar School	High School	College	Name of School now attending	Major or Degree
1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4	_____	_____

Please list any experience, skills qualifications, or restaurant equipment you have worked with that you feel would especially qualify you to work for us: _____

WORK EXPERIENCE

PRESENT OR LATEST EMPLOYER	PREVIOUS EMPLOYER	PREVIOUS EMPLOYER
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
City/State: _____	City/State: _____	City/State: _____
Job Title: _____	Job Title: _____	Job Title: _____
Employed From _____ to _____	Employed From _____ to _____	Employed From _____ to _____
Contact Person : _____	Contact Person: _____	Contact Person: _____
Phone: _____	Phone: _____	Phone: _____

Agreement

I hereby authorize investigation of all statements contained in this record. I certify that such statements are true and understand that misrepresentation or omissions of facts in this form are cause for separation from the company's service. I also agree to abide by all the rules and regulations of the corporation, including those pertaining to safety, grievances, money lending, phone calls, absence or tardiness, visits by friends, schedule changes, paychecks, time recording, uniform, appearance and general conduct and (2) if employed, I agree that at any time during my employment or at the termination thereof, employer or his authorized agent shall desire to search my person, clothing, locker, purse, bag, vehicles and effects - I will submit to such examination without objection, and hereby waive and release all claims for damages on account of such examination or my detention for that purpose.

Date Signature of Applicant