



EMPLOYMENT APPLICATION FORM

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

128 Main Street NW Lenoir, NC 28645 • www.sidestreetpourhouse.com

PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

SOCIAL SECURITY # _____ PHONE # - HOME _____ CELL _____ EMAIL _____

EMPLOYMENT DESIRED

POSITION APPLIED FOR BARTENDER SERVER COOK DISHWASHER OTHER _____

HOW MANY HOURS ARE YOU LOOKING TO WORK PER WEEK? 0-16 HOURS 16-20 HOURS 20-35 HOURS 35+ HOURS

WHEN ARE YOU AVAILABLE TO WORK? NOTE: HIRING PREFERENCE WILL BE GIVEN TO THOSE WITH GREATER AVAILABILITY

| | EXAMPLE | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|--------------|---------|--------|---------|-----------|----------|--------|----------|--------|
| FROM: (TIME) | 10 A.M. | | | | | | | |
| TO: (TIME) | 2 A.M. | | | | | | | |

HAVE YOU EVER APPLIED WITH THE SIDE STREET POUR HOUSE? IF YES, WHEN? _____

ARE YOU OF LEGAL AGE TO SERVE BEER (18+)?

ARE YOU OF LEGAL AGE TO BARTEND (21+)?

ARE YOU SERVSAFE CERTIFIED?

WHY DO YOU WANT TO WORK AT THE SIDE STREET POUR HOUSE?

EDUCATION/BACKGROUND

HIGH SCHOOL

NAME _____ LOCATION _____
LAST YEAR COMPLETED _____ DID YOU GRADUATE ? _____

TRADE/BUSINESS/COLLEGE

NAME _____ LOCATION _____
LAST YEAR COMPLETED _____ DID YOU GRADUATE ? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (IF YES, GIVE FULL DETAILS.)

PERSONAL REFERENCES

1. NAME _____ ADDRESS _____
PHONE # _____ RELATION _____ YEARS ACQUAINTED _____

2. NAME _____ ADDRESS _____
PHONE # _____ RELATION _____ YEARS ACQUAINTED _____

3. NAME _____ ADDRESS _____
PHONE # _____ RELATION _____ YEARS ACQUAINTED _____

FORMER EMPLOYERS (PLEASE LIST PAST EMPLOYERS STARTING WITH THE MOST RECENT)

1. EMPLOYER (NAME & ADDRESS) _____

TELEPHONE _____ CONTACT PERSON _____

POSITION _____ SALARY _____

WHAT WERE YOUR DUTIES _____

REASON FOR LEAVING _____ DATES EMPLOYED FROM _____ TO _____

FORMER EMPLOYERS (CON'T) (PLEASE LIST PAST EMPLOYERS STARTING WITH THE MOST RECENT)

2. EMPLOYER (NAME & ADDRESS) _____

TELEPHONE _____

CONTACT PERSON _____

POSITION _____

SALARY _____

WHAT WERE YOUR DUTIES _____

REASON FOR LEAVING _____

DATES EMPLOYED FROM _____ TO _____

3. EMPLOYER (NAME & ADDRESS) _____

TELEPHONE _____

CONTACT PERSON _____

POSITION _____

SALARY _____

WHAT WERE YOUR DUTIES _____

REASON FOR LEAVING _____

DATES EMPLOYED FROM _____ TO _____

4. EMPLOYER (NAME & ADDRESS) _____

TELEPHONE _____

CONTACT PERSON _____

POSITION _____

SALARY _____

WHAT WERE YOUR DUTIES _____

REASON FOR LEAVING _____

DATES EMPLOYED FROM _____ TO _____

APPLICATION FORM WAIVER (PLEASE READ CAREFULLY)

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.

I UNDERSTAND THAT A CONSUMER CREDIT REPORT OR CRIMINAL RECORDS CHECK MAY BE NECESSARY PRIOR TO MY EMPLOYMENT. IF SUCH REPORTS ARE REQUIRED, I UNDERSTAND THAT, IN COMPLIANCE WITH FEDERAL LAW, THE COMPANY WILL PROVIDE ME WITH A WRITTEN NOTICE REGARDING THE USE OF THESE REPORTS AND WILL ALSO OBTAIN A SEPARATE WRITTEN AUTHORIZATION FROM ME TO CONSENT TO THESE REPORTS. I ALSO UNDERSTAND THAT A POOR CREDIT HISTORY OR CONVICTION WILL NOT AUTOMATICALLY RESULT IN DISQUALIFICATION FROM EMPLOYMENT.

IN COMPLIANCE WITH FEDERAL LAW, ALL PERSONS HIRED WILL BE REQUIRED TO VERIFY IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES AND TO COMPLETE THE REQUIRED EMPLOYMENT ELIGIBILITY VERIFICATION DOCUMENT FORM UPON HIRE.

SIGNATURE OF APPLICANT _____ DATE _____

THIS COMPANY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. WE ADHERE TO A POLICY OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, CITIZENSHIP, AGE OR DISABILITY. WE ASSURE YOU THAT YOUR OPPORTUNITY FOR EMPLOYMENT WITH THIS COMPANY DEPENDS SOLELY ON YOUR QUALIFICATIONS.

DO NOT WRITE BELOW THIS LINE

REMARKS _____

NEATNESS _____

PERSONALITY _____

CHARACTER _____

ABILITY _____

| HIRED | DEPARTMENT | POSITION | WILL REPORT | SALARY/WAGES |
|-------|------------|----------|-------------|--------------|
| | | | | |

APPROVED:

SIGNATURE OF MANAGER _____ DATE _____