

First Name:

Middle Name:

Last Name:

Birthdate:

Current Address:

City:  State:

Zip Code:

Permanent Address:

City:  State:

Zip Code:

Current Phone Number:

Permanent Phone Number:

Cell Phone Number:

Email Address:

Have you ever been employed by Smokin' Jack's in the past?  Yes  No

If so, dates of employment:

Reason for leaving:

Do you know a current or past employee of Smokin' Jack's?  Yes  No

If yes, who?

Are you legally eligible for work in the United States?  Yes  No

*(if hired, verification is required by law)*

Have you been convicted of a crime in the last 7 years?  Yes  No

*If yes, please list convictions that are a matter of public record (an arrest is not a conviction). A conviction will not necessarily disqualify you from employment.*

Are you of legal age to serve alcohol?  Yes  No

Do you have reliable means of transportation to work?  Yes  No

What position(s) are you applying for?

If applying for Delivery Driver, have you been involved in a moving vehicle violation in the last 7 years?  Yes  No

*(Smokin' Jack's will check the motor vehicle records of any job applicant, in every State of previous employment, when driving is an essential job function)*

If yes, please list:

What skills do you have that are applicable to position(s) applied for?

Date available for employment:

If hired, how long do you plan to be employed by Smokin' Jack's?

How many hours are you able to work per week?  *(Smokin' Jack's is open for business 6 days a week)*

Do you have any regularly scheduled or intermittent obligations that may affect your

availability to work?  Yes  No If yes, please list:

Specify hours available each day of the week:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

## Education

High school

Name and Address of School:

Last year completed:   Did you Graduate?  Yes  No

Subjects studied, Degrees received:

College

Name and Address of School:

Last year completed:   Did you Graduate?  Yes  No

Subjects studied, Degrees received:

#### Post College

Name and Address of School:

Last year completed:   Did you Graduate?  Yes  No

Subjects studied, Degrees received:

#### Trade, business or correspondence school

Name and Address of School:

Last year completed:   Did you Graduate?  Yes  No

Subjects studied, Degrees received:

## *Employment History*

Provide information for your last 3 employers starting with the most recent. If never employed, list any volunteer activities

Employer1:

Supervisor:

Position held:

Dates (From: to)

Location:

Phone Number:

Last rate of pay:

Reason for leaving:

Are you eligible for rehire?  Yes  No

Employer2:

Supervisor:

Position held:

Dates (From: to)

Location:

Phone Number: [text box]  
Last rate of pay: [text box]  
Reason for leaving: [text box]  
Are you eligible for rehire?  Yes  No

Employer3: [text box]  
Supervisor: [text box]  
Position held: [text box]  
Dates (From: to) [text box]  
Location: [text box]  
Phone Number: [text box]  
Last rate of pay: [text box]  
Reason for leaving: [text box]  
Are you eligible for rehire?  Yes  No

*Personal References*

Name: [text box]  
Phone Number: [text box]  
Occupation: [text box]  
Relationship: [text box] Years  
acquainted: [text box]

Name: [text box]  
Phone Number: [text box]  
Occupation: [text box]  
Relationship: [text box] Years  
acquainted: [text box]

Name: [text box]  
Phone Number: [text box]

Occupation:

Relationship:  Years

acquainted:

***BZYB***

Send