First Name: Middle Name:

Last Name: Birthdate:

Current Address: City: State: Zip:

Permanent Address: City: State: Zip:

Current Phone Number: Permanent Phone Number:

Cell Phone Number: Email Address:

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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

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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?

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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

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## Education

**High school**

Name and Address of School:

Last year completed: —Please choose an option— ▼ Did you Graduate? ☐Yes☐No

Subjects studied, Degrees received:

**College**

Name and Address of School:

Last year completed: —Please choose an option— ▼ Did you Graduate? ☐Yes☐No

Subjects studied, Degrees received:

**Post College**

Name and Address of School:

Last year completed: —Please choose an option— ▼ Did you Graduate? ☐Yes☐No

Subjects studied, Degrees received:

**Trade, business or correspondence school**

Name and Address of School:

Last year completed: —Please choose an option— ▼ Did you Graduate? ☐Yes☐No

Subjects studied, Degrees received:

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## Employment History

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

**Employer 1:** Supervisor:

Position held: Dates (From: to)

Location: Phone Number:

Last rate of pay: Reason for leaving:

Are you eligible for rehire? ☐Yes☐No

**Employer 2:** Supervisor:

Position held: Dates (From: to)

Location: Phone Number:

Last rate of pay: Reason for leaving:

Are you eligible for rehire? ☐Yes☐No

**Employer 3:** Supervisor:

Position held: Dates (From: to)

Location: Phone Number:

Last rate of pay: Reason for leaving:

Are you eligible for rehire? ☐Yes☐No

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## Personal References

Name: Phone Number:

Occupation: Relationship:

Years acquainted:

Name: Phone Number:

Occupation: Relationship:

Years acquainted:

Name: Phone Number:

Occupation: Relationship:

Years acquainted:

Send

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