

First Name:	<input type="text"/>	Middle Name:	<input type="text"/>				
Last Name:	<input type="text"/>	Birthdate:	<input type="text"/>				
Current Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Permanent Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Current Phone Number:	<input type="text"/>	Permanent Phone Number:	<input type="text"/>				
Cell Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>				

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

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:	<input type="text"/>	Reason for leaving:	<input type="text"/>
Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<hr/>			
Employer 3:	<input type="text"/>	Supervisor:	<input type="text"/>
Position held:	<input type="text"/>	Dates (From: to)	<input type="text"/>
Location:	<input type="text"/>	Phone Number:	<input type="text"/>
Last rate of pay:	<input type="text"/>	Reason for leaving:	<input type="text"/>
Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Personal References

Name:	<input type="text"/>	Phone Number:	<input type="text"/>
Occupation:	<input type="text"/>	Relationship:	<input type="text"/>
Years acquainted:	<input type="text"/>		
<hr/>			
Name:	<input type="text"/>	Phone Number:	<input type="text"/>
Occupation:	<input type="text"/>	Relationship:	<input type="text"/>
Years acquainted:	<input type="text"/>		
<hr/>			
Name:	<input type="text"/>	Phone Number:	<input type="text"/>
Occupation:	<input type="text"/>	Relationship:	<input type="text"/>

Years acquainted:

Please leave this field empty.

x