

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:

Have you ever been employed by Smokin' Jack's in the past? YesNo
If so, dates of employment: Reason for leaving:
Do you know a current or past employee of Smokin' Jack's? YesNo
If yes, who?
Are you legally eligible for work in the United States? YesNo
(if hired, verification is required by law)
Have you been convicted of a crime in the last 7 years? YesNo
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? YesNo
Do you have reliable means of transportation to work? YesNo

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? YesNo
(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? YesNo
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:	<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? Yes No

Employer 2:	<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			

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"/>		

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

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