

		<b>EMPLOYI</b>	MENT APPLIC	CATIC	ON To	oday's date:	
PLEASE PRINT							
First Name	M.I.	Last Name			Preferre	d Name/Nickname	
Street Address	Apartment #	City	5	State	Zip Co	ode	
Home Phone	Cell Phone	Alternate/\	Work Phone		E-Mail Address		
POSITION SOUGHT	AND AVAILABILITY						
Position desired: Se	erver Bartender _	Busser_	Kitchen	Ot	ther (please specify	/)	
Are you interested in	n: Full-time	Part-tir	ne	Ter	mporary		
Days and Hours Ava	ailable: LIST HOURS O	F AVAILABILIT	Y FOR EACH DAY				
MondayTue	sday Wedneso	day	Thursday	Friday	y Saturday	y Sunday	
When are you able t	o start work? (Date) _ Pay Annu S OR NO TO THE FOL						
Desired Pay: Hourly	Pay Annu	ıal Pay	How die	d you	hear about the po	sition?	
PLEASE CHECK YE	S OR NO TO THE FOL	LOWING:					
the status of every individual employment authorization, an Are you under 18 ye Are you capable of perform	olloyers hire only individuals who all offered employment with the dit will be necessary for you to ears of age? Yesming the essential functions T YOUR WORK EXPE	Company. In the submit such document Such do	nis connection, all offers nents as are required by yes, can you furni which you are applyin	s of emp law to ve ish a w ig with o	ployment are subject to verify your identification and ork permit? Yes or without a reasonable	No	tity and
	COMPANY NAME			YOUF	R POSITION and TITLE		
FROM	NO. & STREET			SUPE	RVISOR'S NAME, TITL	E and POSITION	
	CITY STA	ATE	ZIP CODE	SUPE	ERVISOR'S TELEPHON	E NUMBER	
	TYPE OF BUSINESS		STARTING PAY \$	•	FINAL PAY \$		
ТО	TELEPHONE NUMBER		TERMINATION  UVOLUNTARY		REASON		
/			□ INVOLUNTARY				
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION						
	COMPANY NAME			YOUF	R POSITION and TITLE		
FROM	NO. & STREET			SHDE	ERVISOR'S NAME, TITL	E and POSITION	
/ KOWI	NO. & STREET			SUPE	ERVISOR'S NAME, TITL	E and POSITION	
	CITY ST/	ATE	ZIP CODE	SUPE	ERVISOR'S TELEPHON	E NUMBER	
	TYPE OF BUSINESS		STARTING PAY		FINAL PAY		
			\$		\$		
ТО	TELEPHONE NUMBER		TERMINATION		REASON		
			□ VOLUNTARY □ INVOLUNTARY				
	BRIEFLY DESCRIBE YOU	JR <u>MAJOR DUTII</u>	ES AND REASON(S)	FOR TEI	RMINATION		
PLEASE LIST	T YOUR EDUCATION:						
NAME AND ADDR	ESS OF SCHOOL		MAJOR		GRADUATE?	DEGREE OR DIPLOM	IA
HIGH SCHOOL OR PREP							
COLLEGE							
COLLEGE	J.					1	

## PLEASE LIST YOUR PROFESSIONAL LICENSES OR CERTIFICATIONS (BASSET, FOOD SANITATION, etc.):

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
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#### PLEASE TELL US A LITTLE ABOUT YOURSELF:

Why are you interested in working at Madison Tavern?	Why are you interested in the position you are applying for in particular?	What do you feel are the most important characteristics for the job you are applying for?
RESPONSE:	RESPONSE:	RESPONSE:

# **REFERENCES: Please list three professional references**

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

### PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

IN THE LAST SEVEN (7) YEARS, HAVE YOU BEEN CONVICTED OF OR HAVE YOU PLEADED GUILTY TO ANY FELONY OR MISDEMEANOR\*? (Please exclude minor traffic offenses and convictions which have been sealed, impounded, erased, expunged, annulled or nolled). If yes, please describe:

### PLEASE READ BEFORE SIGNING APPLICATION

Madison Tavern is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Madison Tavern complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Madison Tavern also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws. I have submitted the attached form to Madison Tavern Bar ("Company") for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the Company to further process my application. My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ. I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is true and correct and understand that dishonesty will disqualify me from consideration for employment with the Company, or if I am hired or already work for the Company, that my employment may be terminated. I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees. References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Last Name	First	Middle	
SIGNED:		DATE:	

<sup>\*</sup> PLEASE NOTE: OTHER FACTORS WILL BE TAKEN INTO ACCOUNT SUCH AS THE NATURE OF THE OFFENSE, THE TIME THAT HAS PASSED SINCE THE CONVICTION AND THE TYPE OF JOB BEING SOUGHT. FURTHER, THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY APPLICABLE LAW.