



# Application For Employment



Date

## Personal Information

Name (Last Name First)		Social Security No.	
Address		City	State
Email Address		Do you have or can you obtain a Indiana Employee Permit?	
Home Phone		Date Of Birth or Are You At Least 21?	
Cell or Other Phone		Referred By	

## Employment Desired

Position Desired		Date You Can Start	Salary Desired
Are You Employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If So May We Inquire Of Your Present Employer?	
Will This Be A Second Job?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Which Location Are You Applying For: Bottoms Up or White Rhino	
Ever Applied to This Company Before?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, When?	
Specify Hours Available For Each Day Of The Week	Sunday	Monday	Tuesday
	Wednesday	Thursday	Friday
	Saturday		

	Name & Location	Years Attended	Did You Graduate?	Subjects Studied
High School		1 2 3 4	Y N	
College		1 2 3 4	Y N	
Post College		1 2 3 4	Y N	
Trade or Business School		1 2 3 4	Y N	

Subjects of Special Study, Skills, Or Training

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Have You Ever Visited Bottoms Up Or White Rhino? Describe Your Experience.

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Why Would You Like To Work For This Company?

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Describe A Specific Situation Where You Have Provided Excellent Customer Service In Your Most Recent Position. Why Was This Effective?

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Military or Naval Service	Rank
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### Former Employers

From	Name & Address of Employer	Starting Salary	Position	Reason For Leaving
To		Ending Salary		
Duties Performed				Avg Hours Per Week
Supervisors Name		Phone	May We Contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO

From	Name & Address of Employer	Starting Salary	Position	Reason For Leaving
To		Ending Salary		
Duties Performed				Avg Hours Per Week
Supervisors Name		Phone	May We Contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO

From	Name & Address of Employer	Starting Salary	Position	Reason For Leaving
To		Ending Salary		
Duties Performed				Avg Hours Per Week
Supervisors Name		Phone	May We Contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO

From	Name & Address of Employer	Starting Salary	Position	Reason For Leaving
To		Ending Salary		
Duties Performed				Avg Hours Per Week
Supervisors Name		Phone	May We Contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### References

Name	Address	Business	Years Known
1			
2			
3			

I hereby authorize Bottoms Up Sports Bar & Grill and/or White Rhino Bar & grill to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted to provide any relevant information regarding my current and/or previous employment and I release all Persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of Bottoms Up Sports Bar & Grill or White Rhino Bar & Grill. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate Bottoms Up Sports Bar & Grill or White Rhino Bar & Grill to hire me.

I understand that and agree that my employment is at will, which means that it is for no specified period and may be terminated by me, Bottoms Up Sports Bar & Grill, or White Rhino Bar & Grill at any time without prior notice for any reason.

Signature \_\_\_\_\_ Date \_\_\_\_\_