

# CORKY'S DAWG HOUSE

## EMPLOYEE

APPLICATION FOR EMPLOYMENT  
(AN EQUAL OPPORTUNITY EMPLOYER)  
(ACTIVE FOR 30 DAYS)

PLEASE PRINT

LAST NAME						DATE	
FIRST						MIDDLE	
STREET ADDRESS						PHONE NUMBER	
CITY						STATE	
ZIP CODE						EMAIL ADDRESS	
STATE NAMES OF FRIENDS AND RELATIVES CURRENTLY EMPLOYED BY US.						SOCIAL SECURITY #	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?						( ) YES ( ) NO	
ARE YOU READY TO MAKE AVAILABLE 2 FORMS OF ID?						( ) YES ( ) NO	
ARE YOU AVAILABLE FOR FULL-TIME/PART-TIME WORK?						( ) FULL TIME ( ) PART TIME	
WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?						SALARY DESIRED:	
POSITION DESIRED:							
LIST THE DAYS AND TIMES YOU WILL BE AVAILABLE FOR WORK.							
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
ARE YOU OF LEGAL AGE TO OPEN CONTAINERS AND SERVE ALCOHOL? (AT LEAST 21 YEARS OF AGE)						( ) YES ( ) NO	
ARE YOU AT LEAST 18 YEARS OF AGE? IF NOT, EMPLOYMENT IS SUBJECT TO MINIMUM LEGAL AGE.						( ) YES ( ) NO	
HAVE YOU EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR, OR ANY OFFENSE OTHER THAN MINOR TRAFFIC VIOLATION?						( ) YES ( ) NO	
IF YES, DESCRIBE IN FULL:							
HAVE YOU EVER BEEN CONVICTED IN A CIVIL OFFENSE INVOLVING DISHONESTY OR BREACH OF TRUST (INCLUDING, BUT NOT LIMITED TO SHOPLIFTING OR FAILURE TO PAY TAXES?)						( ) YES ( ) NO	
IF YES, DESCRIBE IN FULL:							
IF ASKED, WILL YOU GIVE YOUR PERMISSION TO GIVE A POLICE BACKGROUND CHECK?						( ) YES ( ) NO	
SCHOOL	NAME AND LOCATION			COURSE OF STUDY		NUMBER OF YEARS	DEGREE OR DIPLOMA
COLLEGE							
HIGH							
OTHER							



**PAST EMPLOYMENT**

PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD  
START WITH PRESENT OR MOST RECENT EMPLOYER

1. COMPANY NAME	TELEPHONE (    )
ADDRESS	EMPLOYED (MONTH & YEAR) FROM                      TO
NAME OF SUPERVISOR	MAY WE CONTACT? (    ) YES                      (    ) NO
	WEEKLY PAY START                      LAST
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

2. COMPANY NAME	TELEPHONE (    )
ADDRESS	EMPLOYED (MONTH & YEAR) FROM                      TO
NAME OF SUPERVISOR	MAY WE CONTACT? (    ) YES                      (    ) NO
	WEEKLY PAY START                      LAST
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

3. COMPANY NAME	TELEPHONE (    )
ADDRESS	EMPLOYED (MONTH & YEAR) FROM                      TO
NAME OF SUPERVISOR	MAY WE CONTACT? (    ) YES                      (    ) NO
	WEEKLY PAY START                      LAST
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

OTHER SPECIAL TRAINING, SKILLS, PROFICIENCY
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DO YOU KNOW OF ANY REASON THAT PRECLUDES YOU FROM PERFORMING THE JOB-RELATED FUNCTIONS FOR WHICH YOU ARE APPLYING? (    ) YES                      (    ) NO                      IF YES, PLEASE DESCRIBE IN FULL:
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<p>THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF EMPLOYED, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION MAY RESULT IN MY DISMISSAL.</p> <p>I UNDERSTAND THAT BY INDICATING "YES" IN BLOCKS 1, 2, AND 3 ABOVE, I HAVE CONSENTED TO ALLOW INQUIRIES TO FORMER EMPLOYERS ABOUT PAST EMPLOYMENT, I ALSO UNDERSTAND THAT IF I DO BECOME AN EMPLOYEE, THE MANAGEMENT OF CORKY'S DAWG HOUSE MAY RESPOND TO REFERENCE INQUIRIES FROM OTHER ENTITIES WITH REGARD TO MY EMPLOYMENT.</p> <p>I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE</p> <p>THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE. THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN.</p> <p>DATE _____ SIGNATURE _____</p>
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