

# Bulldog Tap Employment Application

*Send Application to: Bulldog Tap, 4265 45th St. S. #161 Fargo, ND 58104*

## Personal Information

Name			Day Phone: (    )
Last:	First:	Middle:	Night Phone: (    )

Address

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Rate of Pay Desired _____ Per Hour	Date Available to Work	Social Security Number
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Number of Hours Desired	<b>Hours Available to Work</b>						
<input type="checkbox"/> FT <input type="checkbox"/> PT _____ Hrs Per Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

A.M. Shift	Beginning Time						
	Ending Time						
P.M. Shift	Beginning Time						
	Ending Time						

Can you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Applied For? Check All that Apply
How were you referred to us for employment? Walk-in <input type="checkbox"/> Friend <input type="checkbox"/> Ad <input type="checkbox"/> Other <input type="checkbox"/>	
Bartender <input type="checkbox"/> Server <input type="checkbox"/> Cook <input type="checkbox"/> Other <input type="checkbox"/>	

Do you have the ability to perform the essential function of the job for which you have applied?  Yes  No

Have you ever been convicted of a felony in the last seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you now or have you had within the last six months hepatitis, salmonella, gastrointestinal infections or any other illness which can be spread by serving or preparing food? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes Explain:	
If hired can you provide documentation to show that you are a U.S. citizen or otherwise authorized to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Education

School	Name of School, City, State	Circle last year completed	Did you graduate?	Major Study	Degree Type	G.P.A.
		9 10 11 12				
		1 2 3 4				

Positions of leadership, activity, honors, and accomplishments in school, Military, business or any other information which relates to your ability to perform the position for which you are applying.

## Employment

Name, Address and Phone of Firm	Employment Dates	Position Held	Supervisor and Title	Reason for Leaving
	From:      To:			
	From:      To:			
	From:      To:			

I understand that I or the company may terminate my employment at any time and that nothing in this application or in the granting of interviews creates a contract of employment

I understand that to be employed, I must be authorized to work in the United States and must provide documents as proof

I authorize the company to investigate thoroughly my work and personal history and verify all data given to the company. In return for being considered for a position, I release the company from any liability which may arise from such an investigation. I authorize all individuals, schools, and firms named, except my current employer if so noted, to provide any information about me, and I release them from all liability for damage in providing this information.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applications Signature: _____	Date: _____
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