

Employment Application

The Tavern

Please return application (and resume if available) one of the following ways:

- 1) Scan and e-mail to info@thetavernbelmont.com, or 2) Mail to 1015 Alameda de las Pulgas, Belmont, 94002, or 3) Leave in the drop-box at the front of the restaurant.

Date of Application: _____

Name _____

Email Address _____ Are you 18 years or older? Yes No

Present Address _____

Permanent Address _____

Home Phone Number () _____ Cell () _____

Are you either a U.S. Citizen or an Alien authorized to work in the United States? Yes No

Desired Employment

Position	Date you can start	Salary desired
Are you employed now? <input type="checkbox"/> yes <input type="checkbox"/> no	If so may we inquire of your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no	
Ever applied to this company before? <input type="checkbox"/> yes <input type="checkbox"/> no	Where?	When?
Reason for leaving		

Who referred you to this company?

- Employment Agency
- Newspaper Ad
- Friend
- State Employment Office
- Walk In
- College Placement Service
- Other

Education

Name / Location of High School	Years completed 1 2 3 4	Did you graduate?
Name / Location of College / University	Did you graduate?	Degree
Trade, Business or Correspondence School		

General

Subjects of special study or research work _____

Special training / Special skills _____

Interests

What types of activities, hobbies or organizations do you participate in during your free time?

Foreign Languages

Language Spoken _____ Speak fluently? yes no Write fluently? yes no

Language Spoken _____ Speak fluently? yes no Write fluently? yes no

Personal References

Name	What is your relationship to this person?	Phone number

Former Employers

List below last three employers, starting with the most recent one first.

Name of present or past employer				
Address		City	State	Zip
Starting Date	Leaving Date	Job Title		
Weekly Starting Salary	Weekly Final Salary	May we contact your supervisor?		<input type="checkbox"/> yes <input type="checkbox"/> no
Name of supervisor		Title	Phone	
Description of work				
Reason for leaving				

Name of previous employer				
Address		City	State	Zip
Starting Date	Leaving Date	Job Title		
Weekly Starting Salary	Weekly Final Salary	May we contact your supervisor?		<input type="checkbox"/> yes <input type="checkbox"/> no
Name of supervisor		Title	Phone	
Description of work				
Reason for leaving				

Name of previous employer				
Address		City	State	Zip
Starting Date	Leaving Date	Job Title		
Weekly Starting Salary	Weekly Final Salary	May we contact your supervisor?		<input type="checkbox"/> yes <input type="checkbox"/> no
Name of supervisor		Title	Phone	
Description of work				
Reason for leaving				

Have you ever been convicted of a felony?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, explain.		

Applicant's Statement

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

Applicant's Signature

Date of Application