

# Avuncular Bob's T-Bar Inn & Brewpub, LLC

## APPLICATION FOR EMPLOYMENT

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap or veteran status.

### Personal Information

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email address \_\_\_\_\_

Are you at least 16 years of age?  Yes  No

Are you a U.S. Citizen or authorized by INS to work?  Yes  No

Have you applied previously with this company?  Yes  No If so, when? \_\_\_\_\_

Are you presently employed?  Yes  No May we contact your present employer?  Yes  No

Number of hours per week you are available to work \_\_\_\_\_ Date you can start work \_\_\_\_\_

Days/Hours you are **NOT** available to work

\_\_\_\_\_  
\_\_\_\_\_

Desired position \_\_\_\_\_ Desired starting salary \_\_\_\_\_

Please list applicable skills

\_\_\_\_\_  
\_\_\_\_\_

### Education

School	Location	Major	Degree	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you planning to continue your studies in the next year?  Yes  No

If yes, where and what courses of study?

\_\_\_\_\_

Do you have any plans that would require you to be absent from work for more than 1 day in the next 6 months (vacations, internships, studies abroad)? If so, please list dates that you would need off and the reason:

---

---

**Work Experience**

Please list employment for the past 5 years, starting with most recent employment:

Company Name \_\_\_\_\_ Dates Employed \_\_\_\_\_

Company phone number ( ) \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Position/Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Dates Employed \_\_\_\_\_

Company phone number ( ) \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Position/Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Dates Employed \_\_\_\_\_

Company phone number ( ) \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Position/Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Everything stated in this application is true to the best of my knowledge. I understand any false information is cause for denial of employment or termination at any time should I be hired.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

**OFFICE USE ONLY**

Notes: