Bar-Don Lanes / Rip Van Winkle's Pub
3700 Nicholas St. Easton PA 18045

APPLICATION FOR EMPLOYMENT

(Please Print All Answers Plainly)

(NOTE - If you feel that your civil rights would be violated by answering any question, you may leave it blank)

Social Sec. # _____ **Date of Birth** _____

Name _____
Last First MI

Address _____ **Phone ( )**_____

_____
City State Zip Code

Are you legally eligible for employment in the US? Yes___ No___ (verification will be required)

Are you 16 or older? Yes___ No___ **are you 18 or older? Yes___ No___**

Have you ever been convicted of a crime? Yes___ No___

If Yes, please provide details _____

_____

Have you ever been refused a fidelity bond? Yes___ No___

Have you ever been discharged from a position? Yes___ No___

If yes, please explain - _____

_____

How were you referred to us? Walk in___ Advertisement___ Employee___ (name)_____

Type of position desired _____ **Full Time___ Part Time___ Temp___**

Please write in what times you are available to work

Mon_____ **Tue**_____ **Wed**_____ **Thur**_____ **Fri**_____ **Sat**_____ **Sun**_____

How soon would you be available to start? _____ **Salary Required?** _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	YRS COMPLETED		Graduated?	
Grade School		5 6	7 8	Yes___	No___
High School		1 2	3 4	Yes___	No___
College		1 2	3 4	Yes___	No___
Business/Trade		1 2	3 4	Yes___	No___
Special Training		1 2	3 4	Yes___	No___

Are there any other skills, training or education that will be of benefit in the job you are applying?

EMPLOYMENT EXPERIENCE / WORK HISTORY

Start with your present or last employer

Name/Address Of Company					
Supervisor Name			Phone # ( )		
Position/Responsibilities					
Reason For Leaving					
Dates employed	From (M / Year)	To (M / Year)	Salary	Start $ Per Hour	End $ Per Hour

Name/Address Of Company					
Supervisor Name			Phone # ( )		
Position/Responsibilities					
Reason For Leaving					
Dates employed	From (M / Year)	To (M / Year)	Salary	Start $ Per Hour	End $ Per Hour

Name/Address Of Company					
Supervisor Name			Phone # ( )		
Position/Responsibilities					
Reason For Leaving					
Dates employed	From (M / Year)	To (M / Year)	Salary	Start $ Per Hour	End $ Per Hour

Personal References

NOT Former Employers or Relatives

Name/Occupation	Address	Phone Number

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

THE FACTS SET FORTH IN THIS APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT DISCOVERY OF MISREPRESENTATION OR OMMISSION OF FACTS HEREIN WILL BE CAUSE FOR IMMEDIATE TERMINATION.

I AUTHORIZE THIS COMPANY TO MAKE A THOROUGH INVESTIGATION OF MY PERSONAL HISTORY, PAST EMPLOYMENT AND JOB RELATED EDUCATION AND TRAINING RECORD. I VOLUNTARILY AGREE TO COOPERATE IN SUCH AN INVESTIGATION AND RELEASE FROM ALL LIABILTY ALL PERSONS, COMPANIES OR SCHOOLS SUPPLYING SUCH INFORMATION.

IF EMPLOYED, I AGREE TO ABIDE BY ALL COMPANY POLICIES THAT ARE SUBJECT TO REVISION FROM TIME TO TIME. I ALSO UNDERSTAND THAT MY EMPLOYMENT IS "AT WILL" AND MAY BE TERMINATED WITH OR WITHOUT CAUSE AT ANY TIME BY MYSELF OR BY THE COMPANY WITHOUT RECOURSE. I HAVE READ, UNDERSTAND AND ACKNOWLEDGE THE ABOVE AS THE TRUTH.

SIGNATURE_____ DATE_____