

BIG TYME BILLIARDS

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, or, handicap. We are an equal opportunity employer.

PERSONAL INFORMATION

Last Name	First Name	Middle Init.	Date:
Address		City	State Zip
Phone No.	Alt. Phone No.	Email:	
Date Available To Start:		Social Security No.:	Position Desired:
Are there any days or hours that you will be unavailable to work? If yes, please specify.			
Type of employment desired? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary			
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No TABC Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Food Handler Cert. Y___ N___			

Are you legally eligible for employment in the United States? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

Are you currently employed? Yes No

If yes, may we inquire of your present employer? Yes No

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No If yes, give dates and details:

Answering yes to this question does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

EDUCATION

School	Name & Location	Course of Study	No. Of Years Completed	Did you graduate?	Degree or Diploma
College				Yes No	
High				Yes No	
Trade School				Yes No	
Other				Yes No	

EMPLOYMENT HISTORY (Begin with most recent position)

Dates of employment: From ___/___/___ To ___/___/___ Position: _____

Company Name: _____ Address: _____

City: _____ State: ___ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary & Title: _____ Ending Salary & Title: _____

Reason For Leaving: _____

May we contact this employer for reference? ___ Yes ___ No

Dates of employment: From ___/___/___ To ___/___/___ Position: _____

Company Name: _____ Address: _____

City: _____ State: ___ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary & Title: _____ Ending Salary & Title: _____

Reason For Leaving: _____

May we contact this employer for reference? ___ Yes ___ No

Dates of employment: From ___/___/___ To ___/___/___ Position: _____

Company Name: _____ Address: _____

City: _____ State: ___ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary & Title: _____ Ending Salary & Title: _____

Reason For Leaving: _____

May we contact this employer for reference? ___ Yes ___ No

“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. I also understand and agree that no representative of the company has any authority to enter into any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature of Applicant: _____

Date: _____