



# Employment Application

Equal Opportunity Employer

## APPLICANT INFORMATION

**Full Name**

**Address**

**City**  **State**  **Zip**

**Phone Number**  **Email**

**Position Applied For**  **Date**

**Desired Start Date**  **Desired Pay Rate**

Legally authorized to work in the U.S. - Yes  No

At least 18 years old - Yes  No

Previously worked for The Yellow Rose Texas BBQ Co. - Yes  No

**If yes, when?**

Reliable transportation - Yes  No

## AVAILABILITY

Day	Available Hours	Notes
Monday	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>

Days  Evenings  Weekends  Holidays



EMPLOYMENT HISTORY

Most Recent Employer

Company  Position

Supervisor  Phone

Dates Employed  Reason for Leaving

Previous Employer

Company  Position

Supervisor  Phone

Dates Employed  Reason for Leaving

EDUCATION

High School   Graduated - Yes  No

College / Trade School  Degree / Certification

EXPERIENCE & SKILLS

- Restaurant Service
- Customer Service
- Bartending
- POS Systems
- Food Preparation
- Catering
- Kitchen Management
- Cash Handling
- Food Truck Operations
- Dishwashing

Describe any relevant experience

BBQ / BAR / RESTAURANT EXPERIENCE

- Brisket Slicing
- Front Counter Service
- Draft Beer Systems
- Opening / Closing Procedures
- Pulled Pork Preparation
- Kitchen Prep
- Wine Service
- Inventory Management
- Smoker Operation
- Shift Lead / Management
- Mixed Drinks / Cocktails
- Catering Events

Years of BBQ / Restaurant Experience



**CERTIFICATIONS & LICENSES**

**ServSafe Food Handler Certification**

Yes  No

Expiration Date

Permit / Certificate Number

**ServSafe Food Manager Certification**

Yes  No

Expiration Date

Permit / Certificate Number

**Indiana Employee Liquor Permit**

Yes  No

Expiration Date

Permit / Certificate Number

**Indiana Bartender Permit / Alcohol Server Training**

Yes  No

Expiration Date

Permit / Certificate Number

Experience serving alcohol - Yes  No

If yes, describe

**REFERENCES**

Reference #1 Name

Relationship

Phone

Email

Reference #2 Name

Relationship

Phone

Email