



TAP HOUSE
 grill • pizzeria • music
 KNOXVILLE

APPLICANT INFORMATION

Last Name				First Name				M.I.	
Current Street Address							Apartment/Unit #		
City				State			ZIP		
Home Phone				Cell Phone					
E-mail Address				Social Security No.			Desired Salary		
Previous Street Address							Apartment/Unit#		
City				State			How Long?		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						

PLEASE ANSWER THE FOLLOWING

What position are you applying for?	FOH <input type="checkbox"/>	BOH <input type="checkbox"/>	Other <input type="checkbox"/>	List Other:					
Do you have a current ABC Liquor Permit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you able to obtain a Tennessee ABC Liquor Permit? (Must be 18 years of age.)				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Can you work weekends and holidays?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you work days and nights?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you able to work overtime if needed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you able to travel for catering shifts if needed?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
What is the earliest you can arrive to work?	AM:	PM:	What is the latest you can work?				PM:		
What are your educational goals/plans?									
Are you currently in school?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, where?						
Are you planning a vacation within 6 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list dates:		From:	To:			
Do you know anyone employed here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, name?						
Have you ever worked for this company? (Formally known as Mulligans)			YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Do you smoke?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, can you refrain from smoking for up to 6 hours?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Maybe <input type="checkbox"/>		
Do you have reliable transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Why did you apply with our company?						

PLEASE FILL OUT THE SCHEDULE GRID

Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9am – 3pm							
3pm - close							

EDUCATION

High School					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

MILITARY SERVICE

Branch					From	To	
Rank at Discharge					Type of Discharge		
If other than honorable, explain							

PREVIOUS EMPLOYMENT

Company					Phone			
Address					Supervisor			
Job Title				Starting Salary	\$	Ending Salary		\$
Responsibilities								
From		To		Reason for Leaving				
Did you provide a written notice?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Did you complete your notice?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>								
Company					Phone			
Address					Supervisor			
Job Title				Starting Salary	\$	Ending Salary		\$
Responsibilities								
From		To		Reason for Leaving				
Did you provide a written notice?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Did you complete your notice?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>								
Company					Phone			
Address					Supervisor			
Job Title				Starting Salary	\$	Ending Salary		\$
Responsibilities								
From		To		Reason for Leaving				
Did you provide a written notice?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Did you complete your notice?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>								

REFERENCES (PERSONAL)			
<i>Please list three non-relative references.</i>			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

DISCLAIMER AND SIGNATURE

I understand that any misrepresentation in this application may constitute grounds for dismissal.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that any falsified statements on this application shall be grounds for dismissal. I understand and agree that my employment with Tennessee Tap House will be "at will". That is Tennessee Tap House may end the employment relationship at any time for any reason or for no reason. I understand that receipt of this application by Tennessee Tap House does not constitute employment and that this application and any other documents are not contracts of employment. I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, credit record and or criminal history. I authorized anyone possessing this information to furnish it to Tennessee Tap House. I release all parties of any and all liability and damages whatsoever in furnish, obtaining or using said information.

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

Signature

Date

Interviewed by:

Comments: