

Bulldog Tap Employment Application

Send Application to: Bulldog Tap, 4265 45th St. S. #161 Fargo, ND 58104

Personal Information

Name			Day Phone: ()	
Last:	First:	Middle:	Night Phone: ()	

Address

Street: _____ City: _____ State: _____ Zip: _____

Rate of Pay Desired _____ Per Hour	Date Available to Work	Social Security Number
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Number of Hours Desired	Hours Available to Work						
<input type="checkbox"/> FT <input type="checkbox"/> PT _____ Hrs Per Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

A.M. Shift	Beginning Time							
	Ending Time							
P.M. Shift	Beginning Time							
	Ending Time							

Can you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Applied For? Check All that Apply
How were you referred to us for employment? Walk-in <input type="checkbox"/> Friend <input type="checkbox"/> Ad <input type="checkbox"/> Other <input type="checkbox"/>	
Bartender <input type="checkbox"/> Server <input type="checkbox"/> Cook <input type="checkbox"/> Other <input type="checkbox"/>	

Do you have the ability to perform the essential function of the job for which you have applied? Yes No

Have you ever been convicted of a felony in the last seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you now or have you had within the last six months hepatitis, salmonella, gastrointestinal infections or any other illness which can be spread by serving or preparing food? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes Explain:	
If hired can you provide documentation to show that you are a U.S. citizen or otherwise authorized to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

School	Name of School, City, State	Circle last year completed	Did you graduate?	Major Study	Degree Type	G.P.A.
		9 10 11 12				
		1 2 3 4				

Positions of leadership, activity, honors, and accomplishments in school, Military, business or any other information which relates to your ability to perform the position for which you are applying.

Employment

Name, Address and Phone of Firm	Employment Dates	Position Held	Supervisor and Title	Reason for Leaving
	From: To:			
	From: To:			
	From: To:			

I understand that I or the company may terminate my employment at any time and that nothing in this application or in the granting of interviews creates a contract of employment

I understand that to be employed, I must be authorized to work in the United States and must provide documents as proof

I authorize the company to investigate thoroughly my work and personal history and verify all data given to the company. In return for being considered for a position, I release the company from any liability which may arise from such an investigation. I authorize all individuals, schools, and firms named, except my current employer if so noted, to provide any information about me, and I release them from all liability for damage in providing this information.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applications Signature: _____	Date: _____
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