



Bottle Taps

Employment Application

Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____
(Home) (Message/Voice Mail) (Cell)

Email: _____ Social Security Number: _____

Position being applied for : _____

Availability

- Full-Time
- Part-Time
- Seasonal
- Mornings
- Afternoons
- Evenings

Are you able and willing to work weekends and holidays? Yes No

Are you available to work overtime if necessary? Yes No

How did you find out about us? _____

Check Experience in the Following:

Clerical

- Accounting
- Cashier
- Concierge
- HR
- Payroll
- PBX
- Windows

Hospitality/Food & Beverage

- Banquet Service
- Bartender
- Bell Attendant
- Bus person
- Catering
- Cook
- Dishwasher
- Front Desk
- Gardener
- General Maintenance
- Host/Hostess
- Housekeeping
- Night Cleaner
- Pool Attendant

- Prep Cook
- Reservations
- Retail
- Sales
- Spa
- Wait Staff
- Other _____

Are there any other experiences, skills or qualifications you would like to share?



Personal Information

If hired, would you have reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you of minimum legal age). Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? *(Proof will be required in conformance with federal law if an employment offer is made).* Yes No

Are you able to perform the essential functions of the job for which you are applying? Yes No
 If no, please describe the duties and functions you cannot perform _____

Have you ever been convicted of a felony? Yes No
 If yes, state the nature of the crime(s), when and where convicted and disposition of case. _____

(Note – No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances of the offense to the position(s) applied for may, however, be considered).

Are you computer literate? Yes No
 If yes, what software are you familiar with? _____

Are you currently employed? Yes No

If so, may we contact your employer? Yes No

Do you have proper food handler certification from the state of California? Yes No

Name of license/certification: _____ Issuing state _____
 License/certification number: _____

Education		
High school	Undergraduate School	Graduate School
City, State	City, State	City, State
Degree/Diploma	Degree, Major Year of Graduation	Degree, Major Year of Graduation
Grade Point Average	Grade Point Average	Grade Point Average



Employment History

Current/Most Recent Employer and Nature of Business:	Position/Title:	Reporting To:
Telephone #		
Address:	Dates Employed:	Nature of Duties:
Final annual base salary \$ _____ Other compensation (bonuses, etc) \$ _____		
May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Discharged or asked to resign? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Previous Employer and Nature of Business:	Position/Title:	Reporting To:
Telephone #		
Address:	Dates Employed:	Nature of Duties:
Final annual base salary \$ _____ Other compensation (bonuses, etc) \$ _____		
May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Discharged or asked to resign? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Previous Employer and Nature of Business:	Position/Title:	Reporting To:
Telephone #		
Address:	Dates Employed:	Nature of Duties:
Final annual base salary \$ _____ Other compensation (bonuses, etc) \$ _____		
May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Discharged or asked to resign? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Comments

(Use this space for any further explanation or information you wish to supply).

Business References

(List below three persons not related to you who have knowledge of your work performance within the last three years).

Name	Title/Occupation	Relationship	Telephone #	Years Known



Applicant Certification, Authorization and Understanding
(Please read carefully, initial each paragraph and sign below).

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances
Initials further certify that I, the undersigned applicant, have personally completed this application (or have given
answers to _____ who wrote in my response, and I have confirmed all responses
given). I understand that any omission or misstatement of material fact on this application or on any
document used to secure employment shall be grounds for rejection of this application or for immediate
discharge if I am employed, regardless of the time elapsed before the discovery.

_____ I hereby authorize the Employer to thoroughly investigate my references, work record, education and
Initials other matters related to my suitability for employment and, further, authorize my former employers to
disclose to the company any and all letters, reports and other information related to my work history and
records, without providing me with prior notice of such disclosure. In addition, I hereby release the
Employer, my former employers and all other persons, corporations, partnerships and associations from
any and all claims, demands or liabilities arising out of or in any way related to such investigation or
disclosure.

_____ I understand that nothing contained in the application or conveyed during any interview which may be
Initials granted is intended to create an employment contract between me and the Employer. I understand that if
I am employed, my employment with the Employer will be "at will" which means that the terms and
conditions of employment may be changed, with or without cause and with or without notice, including,
but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location
of work. I further understand that my status as an at-will employee cannot be changed except through a
written agreement signed by the Managing Member of the Employer. I agree that this shall constitute a
final and fully binding integrated agreement with respect to the at-will nature of my employment relationship
and that there are no oral or collateral agreements regarding this issue.

Date: _____ Signature: _____

Interview completed by: _____
Name Date