

# Employment Application



Date: \_\_\_\_\_

Please Print Clearly

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Phone (Home): \_\_\_\_\_

What position are you applying for? \_\_\_\_\_  Full Time  Part Time  Seasonal

Your preferred start date? \_\_\_\_\_ Your preferred number of hours per week? \_\_\_\_\_

What days and times are you available to work?  Open Availability - OR -  Availability as Described Below

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

**\*\*Eligibility Requirement: All employees are required to have availability to work weekends, and before, during, and after all holidays. Please initial that you understand and agree to this prior to submitting your application for employment: INITIAL \_\_\_\_\_**

• Why are you applying for work at Fox & Goose Public House? \_\_\_\_\_

• How did you hear about this position? \_\_\_\_\_

• What makes you a good fit for this position? \_\_\_\_\_

• Have you ever applied or worked for Fox & Goose Public House previously?  Yes  No If so, list dates: \_\_\_\_\_

• Do you have any friends or relatives currently working for Fox & Goose Public House?  Yes  No

If Yes, state name(s) and relationship to you: \_\_\_\_\_

• Are you at least 18 years old\*?  Yes  No \*If you are under 18 years old, you may need a work permit to be employed.

• If hired by Fox & Goose Public House, would you have reliable means of transportation to and from work?  Yes  No

• Can you, if hired by Fox & Goose Public House, present verification of your U.S. Citizenship or proof of your legal right to work in the U.S. along with documentation verifying your identity?  Yes  No

• Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No If No, describe the functions that cannot be performed: \_\_\_\_\_

*Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants' employees to perform essential functions. Hiring may be subject to passing a medical examination, and a skill and agility test.*



**Education, Training and Experience**

What language(s) do you speak fluently? \_\_\_\_\_

Read fluently? \_\_\_\_\_ Write fluently? \_\_\_\_\_

Education	Name of Institution(s)	Degree(s)/Course Major(s)	Grade/Years Completed	Did you Graduate?
High School				
College				
Trade/Business School				
Culinary School				

**Employment History**

Current Employer – Name & Address:	Start Date:	Job Title:
		Position Duties:
	End Date:	Supervisor’s Name:
		Phone Number:
Reason for Leaving:		
Previous Employer – Name & Address:	Start Date:	Job Title:
		Position Duties:
	End Date:	Supervisor’s Name:
		Phone Number:
Reason for Leaving:		
Previous Employer – Name & Address:	Start Date:	Job Title:
		Position Duties:
	End Date:	Supervisor’s Name:
		Phone Number:
Reason for Leaving:		
Previous Employer – Name & Address:	Start Date:	Job Title:
		Position Duties:
	End Date:	Supervisor’s Name:
		Phone Number:
Reason for Leaving:		

- Have you ever been discharged by an employer?  Yes  No If Yes, please explain: \_\_\_\_\_
- Are there any periods of unemployment in your work history?  Yes  No If Yes, how did you spend your time?  
\_\_\_\_\_
- Do you have any commitments that might affect your employment with us (other jobs, vacation plans, school schedule, et al.)?  
 Yes  No If Yes, please explain: \_\_\_\_\_

**References**

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

Name	Relationship to You	Years Known	Phone Number	Email Address	Address	Occupation

Please read the following carefully, initial each paragraph and sign below:

INITIAL \_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. 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 discovery.

INITIAL \_\_\_\_\_ I hereby authorize Fox & Goose to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, 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.

INITIAL \_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

INITIAL \_\_\_\_\_ Should a search of public records (including, but not limited to, records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to a copy of any such public records obtained by the Company unless I make the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described herein.

\_\_\_\_\_  
**APPLICANT'S NAME (PRINT)**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

