



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

New Mexico Alcohol Service License

Do you have a New Mexico Alcohol Certification License? _____ Expires: _____

By State law you have 30 days after you are hired to be certified to serve liquor. If you do not receive certification during that period, you will be terminated. Initial for confirmation: _____

Acknowledgments

Are you able to work between the hours of 10:00am and 3:00am? _____

Do you object tipping out a portion of your gross tips to be distributed to support staff? _____

It is your responsibility to make sure all your checks are paid. You are responsible for all of your credit card slips as well as cash. If you do not follow proper procedure concerning checks and credit cards, you will be held responsible for lost funds, due to improper closing of your checks. _____

Total honesty is expected at all times. To be caught in a dishonest act will result in termination. _____

We do not permit drinking of alcoholic beverages while on duty. _____

Smoking is prohibited on the premises. _____

We do not tolerate ANY sexual harassment or any form of discrimination from employees or customers. Any such conduct should be reported immediately to the General Manager. _____

No personal phone calls (incoming or outgoing) unless it is an emergency. _____

I understand that as a condition of employment, I may be required to take a physical exam in order to determine if I am physically able to perform the duties requested. _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

In consideration of my employment with Vintage 423, should my application be accepted, I understand and agree that my employment with this company will be employment "at will," meaning that the company will terminate employment at any time with or without cause or notice. I further understand and agree that this application is intended as a guideline of expectations and procedures. It is not a contract of employment. No one has the authority to alter this relationship, or employ anyone on a basis other than "at will".

Signature: _____

Date: _____



DATE:									
EMPLOYEE NAME:									
POSITIONS:									
CONTACT NUMBER:									
AVAILABILITY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
AM (10:00 - 3:00)									
PM (3:00 - CLOSE)									
REASONS FOR UNAVAILABILITY									
PREFERRED SCHEDULE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
AM (10:00 - 3:00)									
PM (3:00 - CLOSE)									

Please indicate your availability for shifts above. Note any shifts you are unable to work and the reason. Reminder that shifts will be given based on eligibility and schedule availability. AM and PM shifts will be mandatory for all employees unless otherwise discussed with management and AOR manager. NOTE: We will do our best to accommodate preferred schedule requests; however, preferred schedule requested is not guaranteed for final posted schedule.