



Equal access to programs, services and employment is available to all persons.

EMPLOYMENT APPLICATION

POSITION _____ Date of Application _____

NAME _____ Social Security # _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP

Phone # _____ Cell# _____ Best time to call _____

Email Address _____

In Case of Emergency Notify _____
NAME ADDRESS PHONE #

Date available for work _____ What is your desired hourly rate of pay? \$ _____ per hour

Are you available to work Full Time Part Time Temporary Shift Preference _____

Are you willing to work on weekends, evenings and holidays? Yes No

Will you work overtime if required? Yes No If no, please explain _____

If hired, can you submit proof of legal identity in the US? Yes No

Are you 21 years of age or older? Yes No

Are you currently employed? Yes No

What is your main reason for considering changing jobs? _____

What does customer service mean to you? _____

Answering “yes” to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled guilty, not guilty or no contest to, or been convicted of a crime (including traffic violations)? Yes No

If yes, please list and explain: _____

Explain any gaps in your employment, other than gaps that are due to personal illness, injury or disability

EDUCATIONAL HISTORY

Please provide information with your most recent school attended.

School Name, City & State	Years Completed	Obtained
		Diploma/GED
		Degree
		Certification
		Other

School Name, City & State	Years Completed	Obtained
		Diploma/GED
		Degree
		Certification
		Other

School Name, City & State	Years Completed	Obtained
		Diploma/GED
		Degree
		Certification
		Other

Indicate any other skills related to the position you are seeking including alcohol serving programs and Restaurant skills courses or classes: _____

EMPLOYMENT HISTORY

(Begin with most recent employer)

Name of Employer _____ Phone # _____ Fax# _____

Address _____
NUMBER STREET CITY STATE ZIP

Job Title _____ Hourly rate of pay: \$ _____

Dates Employed ____ / ____ / ____ to ____ / ____ / ____

Immediate supervisor and title _____ Other compensation \$ _____

May we contact for reference? ____ Yes ____ No At a later date _____

Summarize the type of work performed and job responsibilities _____

What did you like **most** about your position? _____

What did you like **least** about your position? _____

Why did you leave? _____

Name of Employer _____ Phone # _____ Fax# _____

Address _____
NUMBER STREET CITY STATE ZIP

Job Title _____ Hourly rate of pay: \$ _____

Dates Employed ____ / ____ / ____ to ____ / ____ / ____

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Address _____
 NUMBER STREET CITY STATE ZIP

Job Title _____ Hourly rate of pay: \$ _____

Dates Employed ____ / ____ / ____ to ____ / ____ / ____

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Summarize the type of work performed and job responsibilities _____

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What did you like **least** about your position? _____

Why did you leave? _____

REFERENCES

List below two or three references (not a relative) whom you have known for at least five years:

NAME	ADDRESS	OCCUPATION	TELEPHONE #
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NAME	ADDRESS	OCCUPATION	TELEPHONE #
------	---------	------------	-------------

NAME	ADDRESS	OCCUPATION	TELEPHONE #
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APPLICANT STATEMENT

Please read the following carefully. Your signature below is required, and acknowledges you have read, understood and agreed to the information.

I certify that the information provided in this application is true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Company from all liability for any damage that may result from utilization of such information.

Applicants accepted for employment should clearly understand that while the Lost Roo makes every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanencies of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employee policies, conformity to our work rules, job performance, etc. and, of course, employees may elect to leave on their own accord to seek other jobs.

If I am offered and accept employment with the Lost Roo, I understand that my employment is for no specific term and may be terminated by myself or the Lost Roo with or without notice or cause at any time. I further understand that an oral promise, policy, custom, business practice or other procedure (including any employee handbook or any personnel manuals) does not constitute an employment contract or modification of the at-will employment relationship between the Lost Roo and me.

The Lost Roo is a drug and alcohol free workplace. I understand that I will be required to submit to a pre-employment drug test. If hired by the Lost Roo, I will be subject to random, post-accident, and reasonable cause drug testing throughout the course of my employment. Failure of any drug test will result in the termination of my employment.

The Company (Lost Roo) is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability, sexual orientation, or marital status. We assure you that your opportunity for employment with the Company depends solely upon your qualifications. I understand that the Lost Roo does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United states and that federal immigration laws require me to complete an I-9 Form for this purpose.

Signature of Applicant _____ Date _____