



Applicant Information

Date: _____ Position Applying For: _____

Last Name/First Name/ Middle Initial: _____

Complete Address: _____

Cell Phone Number: _____ Home Phone (if different) _____

SSN: _____ Over 21 Years Old? ☐ Yes ☐ No

Are you a citizen of the United States? ☐ Yes ☐ No

If no, are you authorized to work in the United States? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever worked for this company? ☐ Yes ☐ No When? _____

Employment Preferences

Interested In: ☐ Full Time ☐ Part Time How many hours per week expected? _____

Date Available to Start: _____ Referred by: _____

Please Check Shift Availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

Do you anticipate any changes to your availability in the next 6 months? Please Explain.

Education

High School: _____ City/State: _____

From: _____ To: _____ Did you graduate: ☐ Yes ☐ No Diploma: _____

College: _____ City/State: _____

From: _____ To: _____ Did you graduate: ☐ Yes ☐ No Degree: _____

Other: _____ City/State: _____

From: _____ To: _____ Did you graduate: ☐ Yes ☐ No Degree: _____

References

Name: _____ Phone Number: _____

Relationship: _____ Years Known: _____

Name: _____ Phone Number: _____

Relationship: _____ Years Known: _____

The Equal Opportunity Policy of Pub Dog Colorado is to consider all qualified applicants without regard to race, color, gender, religion, creed, age, national origin, political affiliation, martial status, sexual orientation or any non-job related characterization.



Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Start Pay: \$ _____ End Pay: \$ _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Start Pay: \$ _____ End Pay: \$ _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Start Pay: \$ _____ End Pay: \$ _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Employment Questions

1. Employees are strictly prohibited from drinking on restaurant property on any day that he or she is scheduled to work. Can you comply? ☐ Yes ☐ No
 2. Employees are prohibited from arriving to work intoxicated or under the influence of drugs or controlled substances, including marijuana. Can you comply? ☐ Yes ☐ No
 3. Smoking is strictly prohibited anywhere on property at any time. Can you comply? ☐ Yes ☐ No
 4. A violation of any state or federal liquor law is strictly prohibited. Can you comply? ☐ Yes ☐ No
 5. The use of personal cell phones on shift is strictly prohibited. Can you comply? ☐ Yes ☐ No
- Are you willing to work around dogs and uphold health standards? ☐ Yes ☐ No

I certify that the information on this form is true. I understand all information is subject to verification and that making false statements can be cause for dismissal. I authorize you to obtain information concerning me from former employers/references and I release all concerned from any liability in that regard.

Signature: _____ Date: _____