

# Board Room VA

**AN EQUAL OPPORTUNITY EMPLOYER**

It is the policy of Board Room VA to recruit, hire, train, promote, transfer, compensate, and provide all other conditions of employment including Company sponsored events without regard to race, color, creed, religion, national origin, age, sex, marital status, lawful alien status, sexual orientation, physical or mental disability, citizenship status, veteran status, or any other basis prohibited by law.

*Please complete all requested information. Use ink and print.*

<b>GENERAL INFORMATION</b>			
DATE AVAILABLE FOR WORK:		TODAY'S DATE	
NAME: LAST		FIRST MIDDLE	
SOCIAL SECURITY NUMBER		POSITION DESIRED:	
STREET ADDRESS		SALARY DESIRED:	
CITY STATE ZIP		FULL TIME ___ 35+ HRS PER WK PART TIME ___ LESS THAN 35 HRS	
TELEPHONE (HOME): TELEPHONE (WORK):		PLEASE CHECK YES OR NO: ARE YOU OVER 21 ___ YES ___ NO ARE YOU OVER 18 ___ YES ___ NO*	
E-MAIL ADDRESS:		*IF YOU ARE UNDER 18 YOU MAY HAVE TO PROVIDE A WORK PERMIT BEFORE STARTING WORK	
IF YOU HAVE WORKED FOR OUR COMPANY BEFORE, STATE WHERE, WHEN, FINAL POSITION AND REASON FOR LEAVING		DO YOU HAVE ANY RELATIVES EMPLOYED BY OUR COMPANY? YES NO IF YES, IDENTIFY BY NAME	
		PLEASE INDICATE THE HOURS (BOTH DAY AND EVENING) YOU ARE AVAILABLE TO WORK:	
		MON TUES WED	
		THURS FRI SAT SUN	
		NOTE: ALTHOUGH EVERY EFFORT TO ACCOMMODATE INDIVIDUAL PREFERENCES WILL BE MADE, BUSINESS NEEDS MAY REQUIRE ANY OR ALL OF THE FOLLOWING: EXTENSION OF HOURS, A ROTATING WORK SCHEDULE, SATURDAY AND/OR SUNDAY HOURS, OVERTIME.	
<b>WORK EXPERIENCE (START WITH CURRENT EMPLOYER AND CONTINUE WITH FORMER EMPLOYERS)</b>			
EMPLOYER #1		EMPLOYER #2	
ADDRESS STREET CITY STATE		ADDRESS STREET CITY STATE	
ZIP		ZIP	
PHONE	SUPERVISOR	TITLE	
PHONE	SUPERVISOR	TITLE	
POSITION	FINAL SALARY	REASON FOR LEAVING	
POSITION	FINAL SALARY	REASON FOR LEAVING	
DATES OF EMPLOYMENT: FROM: TO:		DATES OF EMPLOYMENT: FROM: TO:	
EMPLOYER #3		EMPLOYER #4	
ADDRESS STREET CITY STATE		ADDRESS STREET CITY STATE	
ZIP		ZIP	
PHONE	SUPERVISOR	TITLE	
PHONE	SUPERVISOR	TITLE	
POSITION	FINAL SALARY	REASON FOR LEAVING	
POSITION	FINAL SALARY	REASON FOR LEAVING	
DATES OF EMPLOYMENT: FROM: TO:		DATES OF EMPLOYMENT: FROM: TO:	
<b>PROFESSIONAL REFERENCES-LIST PERSONS FAMILIAR WITH YOUR WORK ABILITY (EXCLUDE RELATIVES)</b>			
NAME	PHONE NUMBER	HOW ACQUAINTED	HOW LONG
NAME	PHONE NUMBER	HOW ACQUAINTED	HOW LONG
NAME	PHONE NUMBER	HOW ACQUAINTED	HOW LONG
NAME	PHONE NUMBER	HOW ACQUAINTED	HOW LONG
<b>EMERGENCY CONTACT</b>			
IN CASE OF EMERGENCY, CONTACT (NAME):		(PHONE NUMBER):	

**PLEASE COMPLETE REMAINDER OF APPLICATION ON REVERSE SIDE.**

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## EDUCATION AND TRAINING

SCHOOL	PLEASE PRINT NAME, STREET, CITY, & ZIP FOR EACH SCHOOL	NUMBER OF YEARS COMPLETED	TYPE OF COURSE/MAJOR
COLLEGE			
HIGH SCHOOL			
ADDITIONAL TRAINING			

### BARTENDERS AND SERVERS ONLY:

OTHER RELEVANT SKILLS:

PLEASE INDICATE THE RESTAURANT COMPUTER SYSTEMS WITH WHICH YOU ARE FAMILIAR (i.e., ALOHA, DIGITAL DINING, POSITOUCH):

## ADDITIONAL INQUIRIES

HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYER? IF YES,  YES  NO

PLEASE EXPLAIN: \_\_\_\_\_

IF EMPLOYMENT IS OFFERED, CAN YOU PROVIDE VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.?  YES  NO

WHY ARE YOU INTERESTED IN WORKING FOR OUR COMPANY?

WHAT DIDN'T YOU LIKE ABOUT YOUR PREVIOUS JOBS?

PROVIDE INFORMATION ABOUT COMMUNITY ACTIVITIES, PROFESSIONAL TRADE OR SERVICE ORGANIZATIONS TO WHICH YOU BELONG WHICH YOU BELIEVE MAY DEMONSTRATE YOUR JOB RELATED ABILITIES (YOU MAY EXCLUDE THOSE WHICH INDICATE RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, HANDICAP.)

## REFERRAL SOURCE

<input type="checkbox"/> WALK-IN APPLICANT	<input type="checkbox"/> AGENCY	<input type="checkbox"/> EMPLOYEE REFERRAL	<input type="checkbox"/> OTHER
NAME OF AGENCY:	NAME OF EMPLOYEE:	PLEASE LIST:	

IF HIRED, I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE COMPANY. I UNDERSTAND THAT MY EMPLOYMENT IS AT-WILL. THIS MEANS THAT I DO NOT HAVE A CONTRACT OF EMPLOYMENT FOR ANY PARTICULAR DURATION OR LIMITING THE GROUNDS FOR MY TERMINATION IN ANY WAY. I AM FREE TO RESIGN AT ANY TIME. SIMILARLY, THE COMPANY IS FREE TO TERMINATE OR CHANGE THE TERMS AND/OR CONDITIONS OF MY EMPLOYMENT AT ANY TIME FOR ANY REASON OR NO REASON. THE ONLY TIME MY AT-WILL STATUS COULD BE CHANGED IS IF I WERE TO ENTER INTO A WRITTEN CONTRACT WITH THE COMPANY EXPLICITLY PROMISING ME JOB SECURITY.

ALL OF THE INFORMATION I HAVE SUPPLIED IN THIS APPLICATION IS A TRUE AND COMPLETE STATEMENT OF THE FACTS, AND IF EMPLOYED, ANY OMISSIONS OR FALSE OR MISLEADING STATEMENTS, ON THIS APPLICATION OR DURING THE INTERVIEW PROCESS COULD RESULT IN IMMEDIATE DISMISSAL REGARDLESS OF WHEN SUCH INFORMATION IS DISCOVERED. I FURTHER AUTHORIZE ALL COURTS, PROBATION DEPARTMENTS, PROSECUTOR'S OFFICES, BOARDS, EMPLOYERS, EDUCATIONAL AND CREDIT COMPANIES, OTHER INSTITUTIONS AND AGENCIES, WITHOUT EXCEPTION, TO FURNISH THE COMPANY OR ITS REPRESENTATIVES ANY INFORMATION ANY OF THEM HAVE CONCERNING ME. THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-CHECK BY ANY CONSUMER AGENCY OF MY EMPLOYMENT HISTORY AS WELL AS ANY INCIDENTS OF EMPLOYMENT DISHONESTY, RETAIL THEFT OR CRIMINAL ACTIVITY. I UNDERSTAND THAT MY EMPLOYMENT AND/OR RETENTION MAY BE AFFECTED IN WHOLE OR IN PART FROM A REPORT RECEIVED FROM THIS AGENCY. I HEREBY DISCHARGE AND EXONERATE THE COMPANY, ITS AGENTS AND REPRESENTATIVES, OR ANY PERSON SO FURNISHING INFORMATION, FROM ANY LIABILITY AND ALL LIABILITY OF EVERY NATURE AND KIND ARISING OUT OF THE FURNISHING, INSPECTION OR COLLECTION OF SUCH DOCUMENTS, RECORDS, AND OTHER INFORMATION OR THE INVESTIGATION MADE BY THE COMPANY. A PHOTOSTATIC COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL (WHEREVER LEGALLY REQUIRED, A COPY OF ANY CREDIT REPORT AND OTHER INFORMATION WILL BE AVAILABLE UPON MY REQUEST.)

I AGREE TO PROTECT THE COMPANY'S CONFIDENTIAL INFORMATION, TRADE SECRETS, AND OTHER PROPRIETARY INFORMATION AND WILL NOT REVEAL SUCH INFORMATION TO ANYONE AT ANY TIME DURING OR AFTER CESSATION OF MY EMPLOYMENT.

IF HIRED, I UNDERSTAND THAT THE FIRST 90 DAYS OF EMPLOYMENT ARE CONSIDERED A PROBATIONARY PERIOD, DURING WHICH TIME I WILL NOT BE CONSIDERED A REGULAR EMPLOYEE. I WILL BE CONSIDERED A REGULAR EMPLOYEE AFTER I HAVE SUCCESSFULLY COMPLETED THIS PROBATIONARY PERIOD.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE