

BARNACLE BISTRO, LLC

29805 Ellensburg Ave
 PO Box 1647
 Gold Beach, OR 97444
 Fax: 866-521-8406
 email: jobs@barnaclebistro.com

APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

INSTRUCTIONS – For your application to be considered, you must answer all questions on the application. Information on your resume will not be considered as a substitute.

Name: Last _____ First _____ Middle _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Telephone () _____ Social Security # _____

Birthdate _____

Position applied for _____

How did you hear of this opening _____

When can you start _____ Desired Wage \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?

Yes No

Are you looking for full time employment? Yes No

If no, what hours are you available? _____

Do you have a current Alcohol Server Permit? Yes No Expiration Date _____

Are you willing to work swing shift? Yes No

Do you smoke? Yes No

Have you taken illegal drugs? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please fully describe the circumstances:

Education: School Name and Location Year Major Degree

High School _____

College _____

College _____

Other _____

In addition to your work history, are there are other skills, qualifications, or experience we should consider:

Employment History: (Start with most recent employer.)

Company name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. In consideration of my employment, I agree to conform to the rules and regulations set forth by this company including submission to testing for substance abuse. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the company manager has the authority to alter the foregoing.

Signature _____ Date _____