

# SKYBOX SPORTS GRILL

## APPLICATION FOR EMPLOYMENT

### Personal Information

Name (Last, First, MI)		Today's Date	
Present Address	City	State	Zip
Previous Address (if less than 2 years)	City	State	Zip
Phone Number		Social Security Number	
Are you at least 18 years of age?		Referred by	

### Employment Desired

Position	Full time          Part time (circle one)	Date you can start	Desired pay
Are you currently employed?	YES                                  NO	If so, may we contact your present employer?	YES                                  NO

### Education History

Grammar School	City and State	Number of years attended	Did you graduate?
High School	City and State	Number of years attended	Did you graduate?
College/Trade School (if applicable)	City and State	Number of years attended	Did you graduate?
Major/Minor	Are you currently taking classes?	If so, how many hours per week?	

### Employment History

List below last four employers, starting with most recent

From	To	Name of employer	City and State	Phone Number
Position		Salary	Reason for leaving	
From	To	Name of business	City and State	Phone Number
Position		Salary	Reason for leaving	

**Employment History (Con't.)**

From	To	Name of business	City and State	Phone Number
Position		Salary	Reason for leaving	
From	To	Name of business	City and State	Phone Number
Position		Salary	Reason for leaving	

**Personal References**

Name	Relationship to self	Years Known	City, State	Phone Number
Name	Relationship to self	Years Known	City, State	Phone Number
Name	Relationship to self	Years Known	City, State	Phone Number

**General Information**

Activities (civic, athletic, fraternal, etc.; exclude organizations whose name or character indicates the race, creed, color, or national origin of its members)

**Physical Record**

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodations?	YES      NO	Please explain
Have you ever been convicted of a felony?	YES      NO	If yes, please explain
Have you ever been convicted of, or plead guilty to, a misdemeanor involving sexual misconduct?	YES      NO	If yes, please explain
Are there any felony charges pending against you?	YES      NO	If yes, please explain
How many days were you absent from work in the last year, excluding Family Medical Leave Act leave?	0-2      3-6      7+	Please explain

**Person to contact in the event of an emergency:**

Name (Last, First, MI)	Phone Number
Address (City, State)	Relationship to you

