

MCKENZIE' S BAR & GRILL

APPLICATION FOR EMPLOYMENT

Last name	First	MI	For Personnel use only	Date of application
Street address			Type(s) of work desired	Social Security number
City	State	ZIP	Home telephone	Work telephone

Positions

Hours

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Server | <input type="checkbox"/> Short Order Cook | <input type="checkbox"/> 10-15 hours/week |
| <input type="checkbox"/> Bartender | <input type="checkbox"/> Prep Cook | <input type="checkbox"/> 15-20 hours/week |
| <input type="checkbox"/> Manager | | <input type="checkbox"/> 20-25 hours/week |
| | | <input type="checkbox"/> 25-30 hours/week |
| | | <input type="checkbox"/> 30-35 hours/week |
| | | <input type="checkbox"/> 35-40 hours/week |

When are you available to work?

	Days	Nights		Days	Nights
Monday	_____	_____	Thursday	_____	_____
Tuesday	_____	_____	Friday	_____	_____
Wednesday	_____	_____	Saturday	_____	_____
			Sunday	_____	_____

Please read carefully and complete by printing in ink or typing.

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

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GENERAL INFORMATION

What do you like to do when you are not working?

Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/relationship	Address (street, city, state, ZIP code)	Phone no. (include area code)	Occupation

May we contact your present employer? Yes
No

Wage or salary required _____

Date available _____

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

Date _____ Signature _____