

APPLICATION FOR EMPLOYMENT

Vino Latte, an Equal Opportunity Employer.

Date _____

Last Name	First Name	Middle Initial	Previous names	Phone Number:			
Street Address		City/State	Zip Code	Is your address a permanent address?			
If hired, can you provide evidence of legal eligibility to work in the U.S.?			Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.				
Position Desired:		Wage/Salary Desired:		Full Time? Part Time?			
Have you ever been convicted of a crime, or do you have criminal case pending? <small>(A conviction will not necessarily disqualify from employment, and will be considered only as it may relate to the job you are seeking.)</small>			If yes, when?	If yes, where?			
Date you can begin?	Are you 18 years of age or older?		Do you have a bartender's license?				
Do you have transportation to and from work?			Who recommended you for this position?				
Name of high school attended:			City & State	Graduate? Year?	GED?		
Name of college or technical school:			City & State	Graduate?	Degree? Major:		
Are you presently enrolled in school?			If yes, give name & address of school and expected degree date:				
List any job-related skills or accomplishments, including military service:							
- Your Availability For Work -							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:			Do you have any special requests or needs for a work schedule?				
- Give Three References That Have Witnessed Your Work And We May Contact -							
Name and Occupation		How do you know them, and for how long?			Phone Numbers		

Your Employment History

List names of employers with present or last employer listed first.

Please note if we may not contact your present employer until after you are offered a position.

Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:
<p>Are there any job duties you are unable to perform?</p> <p>If so, is there anything we could do to accommodate you so you could perform all the required job duties?</p>	
<p>CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM</p> <p>I certify that all of the information provided in this employment application are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.</p> <p>I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.</p> <p>I have read, understand, and agree to the above statements.</p>	
Signature:	Date: