



WINGS, RIBS,
SEAFOOD & SPORTS

GATOR'S DOCKSIDE APPLICATION FOR EMPLOYMENT

**AN
EQUAL
OPPORTUNITY
EMPLOYER**

We receive applications and hire employees without regard to race, color, sex, religion, age, genetic information, national origin, marital status, disability, veterans status and citizenship status, or any other protected category. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

Date: _____

PERSONAL INFORMATION

Name _____ Social Security No. _____
First Middle Initial Last

Present address _____ Home or nearest phone _____
No. Street City State Zip

How long have you lived at above address? _____

Previous address _____ How long did you live there? _____
No. Street City State Zip

Are you over the age of 18? • Yes • No If no, employment is subject to verification that you are of minimum legal age.

Are you currently eligible to work in the U.S.? • Yes • No Can you provide documentation that you are legally eligible to work in the U.S.? • Yes • No

EMPLOYMENT INFORMATION

Position applying for _____ Date available for work _____

Shift Preference • Before 4pm • After 4pm • Any What salary or pay rate do you expect? _____

Type of employment • Full Time • Part Time

What days and hours are you available to work? Days _____ Hours _____

Have you ever applied for a job with us before? • Yes • No When? _____

Have you ever been bonded? • Yes • No Have you ever been refused bond? • Yes • No If so, state reason and date. _____

Have you ever been convicted of a crime, pled no contest or had adjudication withheld? • Yes • No If so, explain _____

Do you use illegal drugs? • Yes • No

Does your present employer know of your plans to change employment? • Yes • No Why do you desire to make a change? _____

Have you ever held a position of trust (handling money or confidential material)? • Yes • No

Do you have steady transportation to work? • Yes • No

Have you ever been discharged or asked to resign? • Yes • No

Are there any other experiences, skills, or qualifications you have that specifically relate to working here? _____

Do you have any friends or relatives that currently work here? • Yes • No Name _____

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? • Yes • No

EDUCATION INFORMATION

SCHOOLING	YEARS COMPLETED	DEGREE REC. AND MAJOR SUB.	NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?
GRAMMAR OR HIGH SCHOOL					
TRADE BUS., OR CORRESPONDENCE					
GRADUATE SCHOOL					

Describe any other specialized or professional training (such as business, technical or nursing school). Include study courses given through public or private employment, State whether degree or certificate was received. _____

PRIOR WORK RECORD (Start with most recent or present employer)

1) Name & Address of Most Recent Employer

Telephone No.

Immediate Supervisor (Name & Position)

Date Hired _____ Starting Rate _____

Your Job Title & Duties

Date Left _____ Last Rate _____

Reason for leaving:

2) Name & Address of Most Recent Employer

Telephone No.

Immediate Supervisor (Name & Position)

Date Hired _____ Starting Rate _____

Your Job Title & Duties

Date Left _____ Last Rate _____

Reason for leaving:

3) Name & Address of Most Recent Employer

Telephone No.

Immediate Supervisor (Name & Position)

Date Hired _____ Starting Rate _____

Your Job Title & Duties

Date Left _____ Last Rate _____

Reason for leaving:

May we contact the employers listed above? _____ If not, indicate by No. which one(s) you do not wish us to contact _____

REFERENCES (Do not list relatives or former employers)

Name _____	Address _____	Phone _____	Occupation _____
Name _____	Address _____	Phone _____	Occupation _____
Name _____	Address _____	Phone _____	Occupation _____

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements or omission of information on this application, a resume, or other applicant information provided may be considered sufficient reason for dismissal. I understand that consumer reports which may contain public record information may be requested from the reporting agency. These reports may include information as to my character, work habits, performance, and experiences along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report.

I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. **I understand that employment at this organization is on an "at will" basis, and includes no guarantee, contract, or promise of employment for any specific length of time.**

Signature of Applicant _____ Date _____