

# Dave's Dawgs

## Employment Application

Last Name	First Name	Middle	Date
Mailing Address		City/State	Zip Code
Home Phone Number (      )	Cell Phone (      )	Social Security Number	
Date you can start work:	Rate of pay expected:	Position you are applying for:	
Have you ever worked for Dave's Dawgs?		If yes, when?	
List any relatives or friends working for Dave's Dawgs:		Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have dependable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		License Number _____	
Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No		State _____	
_____ I understand my DMV driving record may be obtained prior to employment. Initial			
Are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full time <input type="checkbox"/> Part time <input type="checkbox"/>	
What hours are you available to work?			
Sunday	Monday	Tuesday	Wednesday
_____	_____	_____	_____
Thursday	Friday	Saturday	
_____	_____	_____	
*Students between the ages of 16 and 18 will be required to obtain a student work permit.			
Have you ever been convicted of, or paid a fine for, an offense other than minor traffic violations or juvenile offenses?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
*If yes, give details (dates, charges, any dispositions, etc.) Include DUI, Hit & Run and other similar traffic offenses.			
<b>EMPLOYMENT RECORD: LIST YOUR LAST FOUR EMPLOYERS. LIST THE MOST RECENT FIRST.</b>			
Name, address & telephone # of employer	Position & duties	Supervisor name:	Dates of employment:
		Reason for leaving:	Salary: beginning/ending
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May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>REFERENCES: LIST THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST 3 YEARS.</b>			
Name	Contact Number (      )		
Name	Contact Number (      )		
Name	Contact Number (      )		
<b>EMERGENCY CONTACT: PLEASE LIST THE PERSON WE SHOULD CONTACT IN THE EVENT OF AN EMERGENCY.</b>			
Name	Contact Number (      )		

**I declare all of the above information is true and any falsification is grounds for termination.**

Signature \_\_\_\_\_ Date \_\_\_\_\_