



Employment Application

DATE ___ / ___ / ___

Personal Information

Name (Last, First, Middle)		Social Security #	
Address	City & State	Zip Code	
Primary Phone #	Secondary Phone #	Are you of legal serving age for alcoholic beverages? Y N	
Referred By	E-Mail -		

Employment Desired

Position	Date you can start -	Salary / Wage Desired	Hours or # of shifts Desired
Are you currently employed? Y N	If so, may we contact your present employer?		
If yes, will you give 2 wks to current employer?	Provide name/number -		
Have you ever applied or worked with Palmer's before? Y N	If so, when? MM ___ YY ___, Reason for leaving -		
Have you ever been convicted of a crime?			
If yes, please explain:			
If hired, do you have reliable transportation to work? Circle one - Y N			
If hired, can you submit documents to prove your legal right to work in the U.S.? Circle one - Y N			
Many positions require you to be on your feet for 6-8 hours at a time. Are you willing and physically able to comply with this requirement?			
Smoking by on-duty employees is prohibited. Are you willing to comply?			

Fill in the AM or PM boxes with an "X" below for shifts not available to work.

This is only a reference used in evaluating staffing requirements. Availability will not determine your position.

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
AM is 10a-4p							
PM is 4p-CL							

Do you have any regular commitments (school, jobs, etc.) that might affect your schedule?
List any upcoming schedule obligations (trips, etc.) that might conflict with your work schedule within 6 months:

Former Employers (Include supervisor's name, location or major crossroads & phone number).

(List your last 4 employers, starting with the most recent)

Date, Month, Year	Name, Address and Phone Number of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Education

Name and Location of School	List date of graduation	Subjects studied
High School		
College	What year of school ?	
List any fraternal, sorority or club organizations you are involved in -		
Other education or special skills		
List any certifications you have appropriate for your position, with expiration dates: TABC _____ Health Card (servsaf) _____		

PLEASE READ THIS PARAGRAPH CAREFULLY:

I certify that I have made true, correct and complete answers and statements on my employment application and any supplements to it with the knowledge that the statements will be relied upon in considering my application for employment. I hereby authorize Palmer's to investigate the statements made in this, my application. I also authorize the release of my academic records from the high schools and colleges listed in my employment application. I further consent to Palmer's obtaining information concerning my previous employment and I authorize my previous employers to release such information to Palmer's. I hereby release my previous employers from all liability in connection with their providing information to Palmer's. I fully release Palmer's from all liability in connection with the investigation of any statements made in this, my employment application. I understand that any omission or false statement made by me on this application, or any supplement to it, is grounds for disqualification from further consideration for employment or if employed, will be sufficient grounds for my immediate discharge.

I further understand that if employed, my employment shall be the will of the company and may be terminated at any time with or without cause and with or without notice either by myself or Palmer's. I understand that no Company policy, employee handbook or any other writing shall create any binding obligation on the part of Palmer's. I agree to familiarize myself with the contents of and to comply with all rules, regulations and policies of Palmer's as amended from time to time.

Proper state alcohol certification is required for all staff that will be serving alcoholic beverages, failure to hold a valid certification will result in forfeiture of schedule obligations by Palmer's if not renewed by the 1st of month it expires in.

My signature below indicates I have read, understood, authorized and consented to the statements set out in the above paragraphs.

Signature of Applicant _____
Date

Do not write below this space -

Interview Date _____ Manager _____

2nd Interview Date _____ Manager _____ Y N P

During interview determine current availability and any time off needed in next 2 weeks!

What to bring if hired - Shifts not possible to work - _____

- One COPY each of - 2 forms of ID, TABC, Texas Health Card, ___ School sched

Proper uniform specs - ___ incl 6 pens, ___ blk bistro apron or \$18 for an apron from us, ___ Good wine tool

Serving staff is required to provide their own \$30 bank! Shirt size if applicable ? _____

Palmer's Application Specifications -

Please read before filling out an application!

Applicants