



# TEQUILA 61 APPLICATION FOR EMPLOYMENT

**EQUAL OPPORTUNITY EMPLOYER:** It is our policy to abide by all Federal and state laws prohibiting employment discrimination solely on the basis of a person's race,color, creed, national origin, religion, age, sex, marital status, or physical handicap, except where a reasonable, bona fied occupational qualification exists.

Name \_\_\_\_\_  
(Last) (First) (Middle) (Date)

ADDRESS (Current) \_\_\_\_\_  
(Street) (City) (State) (Zip) (Phone)

(Permanent) \_\_\_\_\_  
(Street) (City) (State) (Zip) (Phone)

Type of position desired \_\_\_\_\_ Full-Time  Part Time  Date available for work \_\_\_\_\_

Can you after employment, submit proof of U.S. citizenship or verification documents of your legal right to work in the United States Yes  No

Where you previously employed by this organization?  No  Yes *If yes. Date(s)* \_\_\_\_\_

Have you ever been convicted of a felony, or pleaded no contest in a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 in the last two years (Conviction will not necessarily disqualify an application)? Yes  No

*If yes, explain* \_\_\_\_\_

Have you ever been terminated for an alleged violation of any liquor law?  Yes  No

Have you ever been convicted for violation of any liquor law?  Yes  No

*If yes to either or both, please explain.*

\_\_\_\_\_

### Education:

Types of school	Name and Location of School	Number of semester hours completed	Graduated?		Type of Diploma or Degree	Major Field of Study
			Yes	No		
High school or G.E.D						
College, University, Technical or Vocational						

References: Give name, address, and telephone number of two references not related to you.

1. \_\_\_\_\_

2. \_\_\_\_\_

If applicable, are you of legal age to serve alcohol (21 yrs. or older)?  Yes  No

Any other languages

\_\_\_\_\_

**EMPLOYMENT RECORD: Please indicate Previous Employment. Start with present or most recent position, including military service. Use Additional sheets if necessary.**

Employer: Mailing address: City & State:				Type of Business		Full Time <input type="checkbox"/>			
				Business Phone No.		Part Time <input type="checkbox"/>			
						Seasonal <input type="checkbox"/>			
Starting Dates		Leaving Dates Mo.		Starting Base Salary	Ending Base Salary	Starting Position Title		Present or Last Title	
Mo.	Yr.	Mo.	Yr.						
Immediate Supervisor's Name:					Describe your duties and responsibilities:				
Explain Reason for leaving:									
Employer: Mailing address: City & State:				Type of Business		Full Time <input type="checkbox"/>			
				Business Phone No.		Part Time <input type="checkbox"/>			
						Seasonal <input type="checkbox"/>			
Starting Dates		Leaving Dates Mo.		Starting Base Salary	Ending Base Salary	Starting Position Title		Present or Last Title	
Mo.	Yr.	Mo.	Yr.						
Immediate Supervisor's Name:					Describe your duties and responsibilities:				
Explain Reason for leaving:									
Employer: Mailing address: City & State:				Type of Business		Full Time <input type="checkbox"/>			
				Business Phone No.		Part Time <input type="checkbox"/>			
						Seasonal <input type="checkbox"/>			
Starting Dates		Leaving Dates Mo.		Starting Base Salary	Ending Base Salary	Starting Position Title		Present or Last Title	
Mo.	Yr.	Mo.	Yr.						
Immediate Supervisor's Name:					Describe your duties and responsibilities:				
Explain Reason for leaving:									

If unemployed for an extended period of time please explain:

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Do you have any relatives working for our company? Yes  No  If yes, list names, relationships. \_\_\_\_\_

Who where you referred by? \_\_\_\_\_

I understand that my former or present employer may be contacted.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand I am required to abide by all rules and regulations of the employer.

I understand that if I am considered for employment with the company, I may be required to submit to a random, post accident and/or reasonable cause drug/alcohol test. I agree that I will submit to the requested substance abuse test and understand that my failure to comply with such request or a positive result (failing to meet the minimum standards,) may result in immediate suspension or termination of employment.

I have read and understand the above statements and conditions of employment.

Print Name

\_\_\_\_\_

Signature

Date

\_\_\_\_\_