

**EMPLOYMENT APPLICATION****The Butcher Shoppe & Big Oak Café**

**PLEASE SUBMIT APPLICATION IN PERSON.** Prospective employees will receive consideration without discrimination based on race, religion, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

**PERSONAL INFORMATION**

Application Received:

Full Name	Primary Phone Number:
Street Address	Secondary Phone Number:
City, State Zip	Date you can begin employment:
Applying for a position with: <input type="checkbox"/> The Butcher Shoppe <input type="checkbox"/> BOTH <input type="checkbox"/> Big Oak Café	Position desired:
What type of work are you applying for? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time How many hours would you like to work?	Rate desired:
Please indicate any hours that you are <b>NOT</b> available to work:	
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been employed by The Butcher Shoppe? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> to either question... Date of last application _____ Date of prior employment _____	
Are you 16 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If not 18 years of age or over, you must obtain a work permit to begin employment.	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If offered employment, you must provide proof of eligibility before you may begin working.	

**EDUCATION**Are you currently a student?  Yes  No

School	Name & Location	Course of Study	# of years completed	Did you graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No
Special training or skills (languages, machinery, etc) that may be applicable to your employ:				
Interests and Activities: (Please exclude organizations in which the name or character indicates the race, religion, age, or national origin of its members.)				

**REFERENCES**List three persons **not related to you**, whom you have known at least one year.

Name	Address	How Known?	Phone #	Years Known

**EMPLOYMENT**

Begin with your present or most recent employer. Include full and part-time jobs.

May we contact your present employer?  Yes  No

Company Name	Supervisor/Title
Address	Telephone
Reason for leaving:	Employed From _____ to _____
	Last Position/Title
	Pay rate
Company Name	Supervisor/Title
Address	Telephone
Reason for leaving:	Employed From _____ to _____
	Last Position/Title
	Pay rate
Company Name	Supervisor/Title
Address	Telephone
Reason for leaving:	Employed From _____ to _____
	Last Position/Title
	Pay rate
Have you been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date and explain type of conviction.	

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand that this application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

**For consideration, the applicant must submit this application in person.**

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

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