



SKYBOX SPORTS GRILL

APPLICATION FOR EMPLOYMENT

Personal Information

Name (Last, First, MI)		Today's Date	
Present Address	City	State	Zip
Previous Address (if less than 2 years)	City	State	Zip
Phone Number		Social Security Number	
Are you at least 18 years of age?		Referred by	

Employment Desired

Position	Full time Part time (circle one)	Date you can start	Desired pay
Are you currently employed?	YES NO	If so, may we contact your present employer?	YES NO

Education History

Grammar School	City and State	Number of years attended	Did you graduate?
High School	City and State	Number of years attended	Did you graduate?
College/Trade School (if applicable)	City and State	Number of years attended	Did you graduate?
Major/Minor	Are you currently taking classes?	If so, how many hours per week?	

Employment History

List below last four employers, starting with most recent

From	To	Name of employer	City and State	Phone Number
Position		Salary	Reason for leaving	
From	To	Name of business	City and State	Phone Number
Position		Salary	Reason for leaving	

From	To	Name of business	City and State	Phone Number
Position		Salary	Reason for leaving	
From	To	Name of business	City and State	Phone Number
Position		Salary	Reason for leaving	

Personal References

Name	Relationship to self	Years Known	City, State	Phone Number
Name	Relationship to self	Years Known	City, State	Phone Number
Name	Relationship to self	Years Known	City, State	Phone Number

General Information

Activities (civic, athletic, fraternal, etc.; exclude organizations whose name or character indicates the race, creed, color, or national origin of its members)

Physical Record

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodations?	YES NO	Please explain
Have you ever been convicted of a felony?	YES NO	If yes, please explain
Have you ever been convicted of, or plead guilty to, a misdemeanor involving sexual misconduct?	YES NO	If yes, please explain
Are there any felony charges pending against you?	YES NO	If yes, please explain
How many days were you absent from work in the last year, excluding Family Medical Leave Act leave?	0-2 3-6 7+	Please explain

Person to contact in the event of an emergency:

Name (Last, First, MI)	Phone Number
Address (City, State)	Relationship to you

Authorization

We are an equal opportunity employment company, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin. It is also our policy to not discriminate against disabled employees. We will make reasonable efforts to accommodate disabled individuals as necessary, to assist them in applying for a job, or performing the essential functions of a job. A disabled employee who must be accommodated to meet job requirements must give written notice to his or her manager within 182 days after the date the accommodation became necessary.

"I understand that misrepresentation or omission of facts called for in this application is cause for denial of employment. If hired, I agree that there is no understanding between the Employee and Employer with respect to the duration or conditions of employment. Just as the Employee is free to quit at any time for any reason, the Employer is free to terminate the employment relationship, with or without cause, at any time for any reason. I further understand that no one, except the owner of the company, can make any agreement contrary to the above, and such an agreement, if made will only be enforceable if it is in writing and signed by the owner."

"I agree that any action or suit against the Skybox Sports Grill, arising out of my application or candidacy for employment, my employment, and/or the cessation of my employment, must be brought **within 180 days** of the event giving rise to the claim, or the time limits provided in any statute for such claims, **whichever is shorter**, or be forever barred. I expressly waive any limitation period which is longer than 180 days, **except for claims which must be brought first before the Equal Employment Opportunity Commission. For those claims, I agree to bring suit within 30 days of the date of my right to sue letter.** The claims to which this paragraph refers include, but are not necessarily limited to, claims under federal, state and local statutory or common law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendment of the Civil Rights Act of 1991, the American's with Disabilities Act, and any state or local equivalent of such acts, the law of contract and the law of tort."

_____ Date

_____ Signature

_____ Printed Name

Remarks (Employer use only)
