Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE I	PAGES 1-2.	DATE					
Name							
	Last	First	Middle		Maiden		
Present address	Number	Street	City State	Zip			
How long		S	ocial Security No	o –			
Telephone ()							
Have you received TIPs	s (or equivalent) Certificat	ion for responsible ald	ohol service?	□ No □ Yes			
Do you have a valid Ca	lifornia food handler's cer	tification?] Yes				
(If no to either of the ab ☐ No ☐ Yes)	ove, are you willing to obt	tain them at personal	expense if it is a r	equirement for o	continued employment?		
If hired, can you show proof of your legal right to work in the United States? No Yes							
			No Pref Mon Tue	railable to work Thur Fri Sat Sun			
Employment desired?							
Can you work weekends? No Yes Are there any times/days that you are not available? When available for work?							
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)		R OF YEARS IPLETED	MAJOR & DEGREE		
High School							
College							
Bus. or Trade School							
Professional School							
If yes, explain number of	N CONVICTED OF A CR of conviction(s), nature of imposed, and type(s) of	offense(s) leading to	7.7		offense(s) was/were		

APPLICATION FOR EMPLOYMENT

Work Experience List your work experience for the past five years beginning with your most recent job held.

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	Name of last supervisor	Employment dates	Pay or salary		
Name of employer Address City, State, Zip Code		From To	Start Final		
Phone number	Your last job title				
Reason for leaving (be specific)					
May we contact this employer?					
List the jobs you held, duties performed, skills used or lea	irned, advancements or pro	omotions while you wor	ked at this company.		
	Name of last supervisor	Employment dates	Pay or salary		
Name of employer Address City, State, Zip Code		From To	Start Final		
Phone number	Your Last Job Title				
Reason for leaving (be specific)					
May we contact this employer?					
List the jobs you held, duties performed, skills used or lea	irned, advancements or pro	omotions while you wor	ked at this company.		
APPLICA	ATION FORM WAIVER				
I agree that submission of this application does not constitute mployment, but instead only serves as a basis for consider made within this application are true and complete. I under in disqualification for employment with California Billiards. Facts called for is cause for dismissal at any time without an permission to contact schools, previous employers (unless Company from any liability as a result of such contract.	ering my eligibility for future rstand that that falsification I understand that the even ny previous notice. I hereb	e employment. I certify n or exaggeration of qua if hired, misrepresenta by give the Company (C	y that the statements alifications may result ation or omission of California Billiards)		
If hired by California Billiards, I agree that I will be an at-wil myself or my employer at any time, with or without cause of policies and code of conduct. I accept that I may be require be required to obtain such certification in accordance with	or notification. I further agreed to provide proof of curre	ee to comply with the C	alifornia Billiard's		
I further understand that my employment with California Bil that at any time during the probationary period or thereafte reason by either party.					
Signature of applicant	Date:				
California Billiards is an equal employment opportunity emp	ployer. We adhere to a po	licy of making employm	nent decisions without		

California Billiards is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment depends solely on your qualifications.