

Dargan's Irish Pub & Restaurant – Santa Barbara

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

**** PLEASE PRINT CLEARLY ****

Position(s) applied for _____ Date ____ / ____ / ____

How did you find out about this job? Newspaper Employee Walk-in Relative Other _____

Why are you seeking a new job at this time? _____

Applicant Information

First Name _____ Middle _____ Last _____

Street Address _____ Social Security No. _____

City/State/Zip _____ Phone (____) _____

If hired, do you have a reliable means of transportation to get to work? Describe _____

Are you at least 21 years old? _____ If you are under 18 years of age, can you furnish a work permit? _____

Are you legally eligible for employment in the U.S.? (Proof of U.S. citizenship or immigration status is required if hired.)

Have you been convicted of a crime? (California applicants should not include marijuana-related convictions that occurred more than 2 years prior to the application date.) Yes No If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

Skills & Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying

Employment Information

Are you seeking full time, part time or temporary employment? _____

Are you willing to work overtime? Weekends? Holidays? _____

Are you currently employed? If hired, when would you be able to start? _____

List any friends or relatives employed by this company: _____

Are you able to perform any or all functions of the position for which you are applying, either with or without reasonable accommodations? _____ Please describe which functions, if any, you will need accommodation to perform, and explain what type of accommodation you will need: _____

Education

NAME AND LOCATION	YEARS	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
COLLEGE		MAJOR	DEGREE	
OTHER				

Work History (please begin with most recent)

1. Company _____ Phone No. with Area Code (_____) _____
 Address _____ City/State/Zip _____
 Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
 Job Title _____ Supervisor's Name & Title _____
 Describe duties briefly: _____
 Specific reason for leaving: _____
2. Company _____ Phone No. with Area Code (_____) _____
 Address _____ City/State/Zip _____
 Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
 Job Title _____ Supervisor's Name & Title _____
 Describe duties briefly: _____
 Specific reason for leaving: _____
3. Company _____ Phone No. with Area Code (_____) _____
 Address _____ City/State/Zip _____
 Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
 Job Title _____ Supervisor's Name & Title _____
 Describe duties briefly: _____
 Specific reason for leaving: _____
4. Company _____ Phone No. with Area Code (_____) _____
 Address _____ City/State/Zip _____
 Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
 Job Title _____ Supervisor's Name & Title _____
 Describe duties briefly: _____
 Specific reason for leaving: _____

For references purposes: Have you worked for any of these organizations or attended school under a different name? _____
 If yes, give name and organization(s) _____

May we contact the employers listed above? _____ If not, list the employers you do not wish us to contact and why: _____

Authorizations & At-Will Employment Agreement

(Please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.____

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.____

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.____

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.____

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.____

If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.____

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature _____ Date _____

Name (please print) _____

CURRENT AVAILABILITY:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY