

JUST JOHN NIGHTCLUB
Employment Application



APPLICANT INFORMATION					
Last Name		First Name		M.I.	Date
Preferred Pronouns					
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Birth Date [mm/dd/yy]		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT (PLEASE LIST THE MOST RECENT RELEVANT CUSTOMER SERVICE EXPERIENCE)			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

VACCINATIONS	
Full vaccination for COVID-19 (SARS-CoV-2) is mandatory for employment. A copy of your vaccination card will be required.	
Date of first dose:	Date of second dose:

PLEASE LIST AREAS OF PROFICIENCY, SPECIAL SKILLS, ETC THAT MAY CONTRIBUTE TO PERFORMING ABOVE MENTIONED POSITION.			
Do you currently use Facebook? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you currently use Instagram? YES <input type="checkbox"/> NO <input type="checkbox"/>			

AVAILABILITY							
	MON	TUES	WED	THUR	FRI	SAT	SUN
Happy Hour (2p-8p)							(11a-7p)
PM (8p-cl)							(5:30p-cl)

Please write an "A" in the box if you are available to work a shift.
 Write an "X" in the box if you are unavailable for a shift
 If available specific hours, please enter those in the box. Being "available" does not guarantee being scheduled.

I understand that I will not be scheduled outside of my availability without management getting prior approval.
 I will also notify management at minimum 3 weeks ahead of time should I be unavailable for a specific shift or if my availability changes.
 I understand that the number of shifts I am scheduled, as well as my employment, is dependent on the agreed upon availability on this form and I am not guaranteed a set number of shifts should I change my availability outside the needs of the business.

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date