



APPLICATION FOR EMPLOYMENT

Sidewinders is an equal opportunity employer. It is our policy that all applicants be considered solely on the basis of qualifications and ability. Without regard to race, religion, color, sex, age, national origin, disability, veteran status, or sexual orientation.

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		DATE
ADDRESS	CITY	ZIP
HOME PHONE	OTHER PHONE	REFERRED BY
Birth Date	Social Security Number	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED?	YES	NO	IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER?	
EVER APPLIED TO US BEFORE?	YES	NO	IF SO, WHEN?	

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE / OTHER			

GENERAL INFORMATION

SPECIAL TRAINING OR SKILLS	
MILITARY SERVICE	RANK AT DISCHARGE

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATES EMPLOYED	NAME & ADDRESS OF EMPLOYER	RATE OF PAY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

CONTINUED ON OTHER SIDE

REFERENCES (LIST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	RELATIONSHIP	YEARS KNOWN

AUTHORIZATION

"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 reference 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 PS Cowboy, Inc. d/b/a/ Sidewinders Bar from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of PS Cowboy, Inc. d/b/a/ Sidewinders Bar has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative of PS Cowboy Inc.

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

DATE	SIGNATURE
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DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY	DATE
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COMMENTS /REMARKS

DATE HIRED	HIRED BY	START DATE	POSITION

FORMS COMPLETED

W-4	I-9	OFFER/ACCEPT AT WILL	CONF	