

BOSTOCKS

BILLIARDS & BAR

1348 West Washington
Stephenville, Texas 76401
254-965-3311

NOTICE TO ALL APPLICANTS: FEDERAL AND STATE LAW
REQUIRES THAT ALL APPLICATIONS BE CONSIDERED
WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE
OR NATIONAL ORIGIN. WE BELIEVE IN AND FULLY SUPPORT
THE PRINCIPAL OF EQUAL OPPORTUNITY AND WILL FULFILL
OUR OBLIGATION TO THE FULLEST. APPLICANTS MAY BE
TESTED FOR ILLEGAL DRUGS.

APPLICATION FOR EMPLOYMENT **DATE** _____

NAME _____ **SS#** _____

PRESENT ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE _____ **HOW LONG AT PRESENT ADDRESS?** _____

WORK SCHEDULE DESIRED: FULL TIME _____ **PART TIME** _____.

POSITIONS APPLIED FOR: _____ **IF PART TIME ,**

SPECIFY HOURS DESIRED BY DAY: SUN _____ MON _____

TUE _____ WED _____ THU _____ FRI _____ SAT _____

RATE OF PAY EXPECTED: START \$ _____ **6MO. \$** _____ **1 YEAR \$** _____

HOW DID YOU HEAR OF THIS OPENING? _____

HAVE YOU WORKED WITH US BEFORE? _____ **IF YES, WHEN** _____

PREVIOUS JOB TITLE _____ **REASON FOR LEAVING** _____

LIST ANY FRIENDS / RELATIVES WITH US NOW _____

LIST ANY SPECIAL SKILLS YOU HAVE FOR POSITIONS APPLIED ABOVE: _____

(TABC CERTIFIED) YES NO

ARE YOU OVER 21: YES _____ **NO** _____ (if No, hire is subject to minimum legal age verification)

DO YOU HAVE A VALID DRIVERS LICENSE? _____ **LICENSE NUMBER** _____
STATE: _____ **EXPIRATION DATE:** _____

HAVE YOU EVER BEEN CONVICTED OF OR SENTENCED FOR ANY VIOLATION OF THE LAW? _____ **IF YES, GIVE FULL PARTICULARS.** _____

LIST IN REVERSE ORDER BEGINNING WITH PRESENT EMPLOYER

- (1) COMPANY NAME
- (2) CITY / STATE / ZIP
- (3) CONTACT & PHONE NUMBER
- (4) ADDRESS

POSITION JOB / TITLE	PRESENT / PREVIOUS EMPLOYER DATA DATES FROM / TO	SALARY BEG / END	REASON FOR LEAVING
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- 1. _____
- 2. _____
- 3. _____
- 4. _____

POSITION JOB / TITLE	PRESENT / PREVIOUS EMPLOYER DATA DATES FROM / TO	SALARY BEG / END	REASON FOR LEAVING
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- 1. _____
- 2. _____
- 3. _____
- 4. _____

PERSONAL REFERENCES NAME	ADDRESS	RELATIONSHIP	PHONE #
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- 1. _____
- 2. _____
- 3. _____

APPLICANT: READ AND SIGN BELOW

THE INFORMATION PROVIDED BY ME IN THIS APPLICATION FOR EMPLOYMENT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, ANY FALSE STATEMENTS WILL BE CONSIDERED AS CAUSE FOR POSSIBLE DISMISSAL . YOU ARE HEREBY AUTHORIZED TO CONDUCT ANY INVESTIGATION OF MY PERSONAL HISTORY AND / OR CREDIT AND FINANCIAL RECORDS EMPLOYING INVESTIGATIVE OR CREDIT AGENCIES OR BUREAUS OF YOUR CHOICE SUBJECT TO THE FAIR CREDIT REPORTING ACT.

SIGNATURE OF APPLICANT

DATE