



388 Thompson Creek Road  
 Stevensville, MD 21666  
 (410) 643-7365

**EMPLOYMENT APPLICATION**

APPLICANT INFORMATION					
<b>Name</b>				<b>Date of Application</b>	/ /
<b>Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Home Phone</b>	( ) -	<b>Cell Phone</b>	( ) -		
<b>Date of Birth</b>	Month: _____ Day: _____ Year: _____ <i>(this information is only required for positions that serve alcoholic beverages)</i>				
<b>Are you a U.S. Citizen?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
<b>Desired Salary</b>	\$	/per hour	<b>Current Salary</b>	\$	/per hour
<b>Are you available to work:</b>	<input type="checkbox"/> Full-time		<input type="checkbox"/> Part-time		<input type="checkbox"/> Either
<b>What days are you available to work (check all that apply):</b>					
<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday					
<b>Are there hours that you are <u>unable</u> to work?</b>					
<input type="checkbox"/> Yes (Please indicate: _____) <input type="checkbox"/> No					
<b>Will you submit to random drug testing?</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Have you ever been convicted of a felony?</b>					
<input type="checkbox"/> Yes (Explain: _____) <input type="checkbox"/> No					
<b>May we contact your present employer?</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>What would your present employer say about you?</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					
POSITION INFORMATION					
<b>For what position(s) would you like to be considered?</b>					
<input type="checkbox"/> Bartender <input type="checkbox"/> Food Server <input type="checkbox"/> Host/Hostess <input type="checkbox"/> Lead/Line/Prep Cook <input type="checkbox"/> Dishwasher					
<b>If you are applying for a position that serves alcoholic beverages, are you TIPS certified?</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					
<b>Do you have any experience operating KENO?</b>					
<input type="checkbox"/> Yes (How long: _____) <input type="checkbox"/> No					



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**WORK HISTORY FORM**

Please complete the information below regarding your previous three positions. Provide your most recent position first.

EMPLOYER	DATES OF EMPLOYMENT		POSITION/JOB TITLE	CONTACT/MANAGER	ADDRESS/PHONE
	To	From			