

# DAWSON'S *on Main*

1464 Main Street, Speedway, IN 46224 PH (317)247-7000 FX (317) 247-7007

## EMPLOYMENT APPLICATION

### GENERAL INFORMATION

Last Name			First Name			Middle Name		
Present Address (Street, City, State, and Zip Code)								
Day Phone			Evening Phone			Cell Phone		
Are you eligible/authorized to work in the United States?						<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are you 18 years of age or older?						<input type="checkbox"/> Yes		<input type="checkbox"/> No

### POSITION INFORMATION

Type of Work Desired: _____ Salary Expected: _____						
Do you have a liquor license: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you Serve Safe Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Applying For: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal						
Please Specify Days and Hours Available to Work (Inability to work certain days/hours will not necessarily disqualify you from employment)						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

### EDUCATIONAL INFORMATION

School	# Years complete	Name and Address of School	GPA	Did you Graduate	Major
High School					
Other					

### MILITARY SERVICE RECORD

Have you ever served in the Armed Forces of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes: From _____ To _____ Branch _____ Rank at Discharge _____					
State Duties and Specialized Training: _____					

### BACKGROUND INFORMATION

Have you been convicted of a felony in the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No					
(Answering yes to this question does not necessarily mean that you will be denied employment)					
If yes, please explain: _____					

During the past 5 years, have you had any periods of unemployment?  Yes  No

During the past 5 years, have you ever been discharged, suspended or asked to resign for any reason from any position?  Yes  No

If yes, please explain: \_\_\_\_\_

For the purposes of verifying information on this application, if you have ever worked or attended school under a different name, please specify name: \_\_\_\_\_

### EMPLOYMENT RECORD

List all employment experience for the past five years, starting with the most recent or present employer. If necessary, attach a separate sheet of paper with additional employment information.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Hours worked/week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Principle responsibilities: \_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Hours worked/week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Principle responsibilities: \_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Hours worked/week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Principle responsibilities: \_\_\_\_\_

### PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information given by me is true and complete in all respects. I authorize Hill, L and G, Inc to contact my previous employers and all others for the purpose of verification of the information I have supplied. I understand that misrepresentation or omission of facts may result in refusal to hire or in termination of employment. I understand employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

X \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Signature