PALETTE
BAR & GRILL

Palette Grill is an equal opportunity employer. We select employees based solely on job-related qualifications, regardless of race, religion, sex, national origin, age, veteran status, medical history, disability, sexual orientation, or their membership in a protected group under State, Federal or local Equal Opportunity Laws.

Thank you! We welcome your interest in Palette Grill and appreciate the time you'll spend completing this application! If you have any questions, please ask the Manager on Duty for assistance.

BASIC INFO

Name: (Last)   (First)   (Middle Initial)

Address:

City: State/Zip: Telephone: (   )

Social Security Number: | Do you have transportation to work?   Yes ☐   No ☐

Person to Notify In Case Of Emergency:

Name: Phone Number: (   )

JOB INTERESTS

Position you are applying for:

When would you be available to start?

Are there any shifts you cannot work? If so, please explain:

How long do you intend to remain on the job?

How did you hear about Palette Grill and this position?

EDUCATION, ETC.

Circle highest level completed:

	HIGH SCHOOL	COLLEGE	TRADE/TECH
	9 10 11 12	1 2 3 4	1 2 3 4

Have you ever been involved in theatre, sports, student government, community service programs, volunteer agencies or similar activities or organizations? If so, please describe:

Have you ever served as an officer, leader, or supervisor in a school, social or civic group? If so, please explain:

Are you of legal age to serve alcohol in this state?   Yes ☐   No ☐
Have you ever been convicted of a felony charge? (Convictions will not necessarily disqualify an applicant.)
Yes ☐   No ☐   If yes, give felony, location, date, court, and describe the circumstances:

Is there anything to prevent you from performing all job-related functions of the position for which you are applying?
Yes ☐   No ☐   If yes, explain:

WORK EXPERIENCE

Employer:		Supervisor:

Address:		

City:	State/Zip:	Telephone: ( )

Starting Position:	Starting Wage:	Month/Year Begin:	Month/Year End:

Duties:	Ending Position:	Final Wage:

Reason for Leaving:		

Employer:		Supervisor:

Address:		

City:	State/Zip:	Telephone: ( )

Starting Position:	Starting Wage:	Month/Year Begin:	Month/Year End:

Duties:	Ending Position:	Final Wage:

Reason for Leaving:		

Employer:		Supervisor:

Address:		

City:	State/Zip:	Telephone: ( )

Starting Position:	Starting Wage:	Month/Year Begin:	Month/Year End:

Duties:	Ending Position:	Final Wage:

Reason for Leaving:		

WAIVER

If currently employed, may we contact your employer: Yes ☐   No ☐

I hereby give Palette Grill permission to contact my references.   Initials: _____

Date: _____   Signature: _____