

# Application for Employment

## Gaido's of Galveston, Inc.

The following information is requested in order to help us make the best possible placement within the company. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling out this application form. Gaido's of Galveston, Inc., in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, physical or mental disability or arrest record. If you need any assistance in completing this form, please notify any member of Gaido's staff. We will make any reasonable accommodation necessary to help you complete this form.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
SS #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

For what position are you applying? \_\_\_\_\_

List all relatives who work for Gaido's of Galveston, Inc. \_\_\_\_\_

Name: \_\_\_\_\_ Dept.: \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_ Dept.: \_\_\_\_\_ Relation \_\_\_\_\_

For what type of employment are you applying? Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

When are you available to work? Days: \_\_\_\_\_ Evenings: \_\_\_\_\_ Weekends: \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_ Dept.: \_\_\_\_\_

Circle the last year of school completed: Elementary 5 6 7 8

Other training: \_\_\_\_\_ High School 9 10 11 12

College 1 2 3 4

Are there any other experiences, skills or qualifications which you feel would especially qualify you for work at Gaido's of Galveston, Inc.?  
\_\_\_\_\_  
\_\_\_\_\_

Give three references as to your character and ability, of people you have known for at least three years. DO NOT LIST RELATIVES.

Name	Address	Occupation	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Some positions at Gaido's of Galveston, Inc. involve the handling and/or serving of alcoholic beverages; therefore are you 18 years of age or over? \_\_\_\_\_ If hired, could you provide proof of age? \_\_\_\_\_ Are you currently authorized to work in the United States of America? \_\_\_\_\_ Have you ever been convicted of a crime? \_\_\_\_\_ If yes, describe:

\_\_\_\_\_ (Criminal convictions are not an absolute bar to employment, but will be considered in relation to specific job requirements.) Were you in the U.S. Armed Forces? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

List all employment, starting with your most recent employer:

Name of company	Address	Phone #	Start date:	Supervisor
Job title	Describe duties		Finish date:	
Name of company	Address	Phone #	Reason for leaving:	Supervisor
Job title	Describe duties		Start date:	
Name of company	Address	Phone #	Reason for leaving:	Supervisor
Job title	Describe duties		Start date:	
Name of company	Address	Phone #	Reason for leaving:	Supervisor

I understand that at any time during the course of my employment, Gaido's of Galveston, Inc. may request a review of my physical or medical condition to insure that I am fit for employment. I hereby consent to the periodic use of urinalysis examinations, which may be used to detect alcohol, marijuana and other illegal substances. I understand that results indicating abnormally high use of alcohol or any use of illegal substances may result in my immediate termination.

I certify that the information contained in this application is complete and correct to the best of my knowledge, and I understand that falsification, omission of information or misstatement of fact on this application in any detail will result in disqualification of further consideration or for dismissal from employment in accordance with company policy. I hereby authorize the Company to conduct an investigative consumer report on me as defined in the Fair Credit Reporting Act. It is my understanding that I may request from each of my former employers and/or person, firm or corporation identified in this application as an employer or reference to answer any and all questions that they may be asked and to give any and all information concerning me, my work habits, character or skill that may be sought in connection with this application. I expressly release these persons from any and all liability in furnishing responses to these inquiries. I agree to conform to all rules and regulations of the Company, and understand that my employment and compensation can be terminated, with or without cause, with or without at the option of the Company or myself. I further understand that no personal recruiter or interviewer or other representative of Gaido's of Galveston, Inc., other than the Chief Executive Officer, has any authority to enter into any agreement for employment for any specified period of time.

Authorized signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_