



SMOKEWORKS

APPLICATION FOR EMPLOYMENT

DATE: _____

PERSONAL INFORMATION

NAME (LAST NAME, FIRST)			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS			
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY / SPECIAL TRAINING OR SKILLS	
REASONS WHY YOU WOULD LIKE TO WORK HERE	
US MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

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GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

REFERENCES

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN

AM = 10AM - 5PM PM = 4PM - 12AM

AVAILABILITY

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE _____ SIGNATURE _____

WHEN YOU HAVE COMPLETED THIS APPLICATION, PLEASE RETURN IT TO:
 manager@thesmokeworks.com or Social Cantina, 125 N. College Ave., Bloomington, IN 47404

-- DO NOT WRITE BELOW THIS LINE --

INTERVIEWED BY _____ DATE _____

REMARKS _____

APPROVED: 1. _____ 2. _____ 3. _____

EMPLOYMENT MANAGER

DEPARTMENT HEAD

GENERAL MANAGER