



# Employment / Independent Contractor Application

We appreciate your taking the time to fill out this application. It is important that all questions be answered completely and accurately. Resumes will be accepted as additional information but not in place of a completed application. Please be sure to sign the application when it is completed.

**PICAYUNE SOCIAL HOUSE (PSH) IS AN EQUAL OPPORTUNITY EMPLOYER.** It is our policy to abide by all Federal, State and local laws which prohibit discrimination against qualified applicants on account of race, color, creed, national origin, religion, age, sex, marital status, disability, sexual orientation, or any other protected classification prohibited by Federal, State or local law, if otherwise qualified. Note: We will conduct background checks for most positions. NOTE: *If you need assistance in completing this application because of a disability, we will be happy to assist you.*

## PERSONAL INFORMATION (Please print clearly in black ink or type.)

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_ Home: \_\_\_\_\_  
Street City State Zip Code Phone

Permanent Address: \_\_\_\_\_ Home: \_\_\_\_\_  
Street City State Zip Code Phone

Type of Position Desired: \_\_\_\_\_ Date Available For Work: \_\_\_\_\_

Can you *after employment* submit proof of U.S. citizenship or verification documents of your legal right to work in the United States?  Yes  No

Are you 16 or older?  Yes  No - If No, list age: \_\_\_\_\_

If applicable, are you of legal age to serve alcohol (18 years or older)?  Yes  No

Are you available for full time work?  Yes  No Do you agree to work in a 1099 contractor capacity (if applicable) ?  Yes  No

Are you willing to work flexible hours, which could include weekends and/or overtime?  Yes  No

Indicate the shifts you **are available** to work by marking an "X" in the boxes below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lunch							
Dinner							

How much money are you expecting to earn on a weekly basis? \_\_\_\_\_

Were you previously employed by PSH ?  Yes  No If Yes, Date(s)? \_\_\_\_\_ Location? \_\_\_\_\_ Position? \_\_\_\_\_

Do you have any relatives working for PSH ?  Yes  No If Yes, list names, relationships, and place employed: \_\_\_\_\_

Do you plan to engage in other work while in our employ?  Yes  No If Yes, list place(s) of employment & describe work schedule: \_\_\_\_\_

Have you ever been convicted of a felony, pled guilty or no contest to a felony, been placed on probation for a felony offense or received deferred adjudication (Conviction will not necessarily disqualify an applicant for employment)?  Yes  No If Yes, explain: \_\_\_\_\_

Is there any reason you cannot perform the essential functions of the position/ positions for which you are applying?  Yes  No If Yes, explain: \_\_\_\_\_

Do you have Hepatitis A, Salmonella, Typhus, TB or any illness that can be spread by serving or preparing food?  Yes  No If Yes, explain: \_\_\_\_\_

## EDUCATION

### HIGH SCHOOL / G.E.D.

School: \_\_\_\_\_ No. of Semester Hours Completed: \_\_\_\_\_ Graduated?  Yes  No

Location: \_\_\_\_\_ Type of Diploma/Degree: \_\_\_\_\_ Major Field of Study: \_\_\_\_\_

### COLLEGE / UNIVERSITY / TECHNICAL / VOCATIONAL

School: \_\_\_\_\_ No. of Semester Hours Completed: \_\_\_\_\_ Graduated?  Yes  No

Location: \_\_\_\_\_ Type of Diploma/Degree: \_\_\_\_\_ Major Field of Study: \_\_\_\_\_

Current Licenses / Registrations (Indicate Types and Dates Received): \_\_\_\_\_

## EMPLOYMENT INFORMATION / HISTORY

Please provide your complete work history for the preceding three employers with the most recent first. Include military service, if applicable. We encourage you to attach a resume, but it may not take the place of information on this application.

**EMPLOYER 1:** \_\_\_\_\_ Type of Business: \_\_\_\_\_ Business Phone No: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Immediate Supervisor's Name: \_\_\_\_\_ May we contact?  Yes  No  
Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Starting Base Salary: \_\_\_\_\_ Ending Base Salary: \_\_\_\_\_  
Starting Position Title: \_\_\_\_\_ Present or Last Title: \_\_\_\_\_  Full Time  Part Time  Seasonal  
Briefly Describe Your Duties and Responsibilities: \_\_\_\_\_  
Explain Reason for Leaving: \_\_\_\_\_

**EMPLOYER 2:** \_\_\_\_\_ Type of Business: \_\_\_\_\_ Business Phone No: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Immediate Supervisor's Name: \_\_\_\_\_ May we contact?  Yes  No  
Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Starting Base Salary: \_\_\_\_\_ Ending Base Salary: \_\_\_\_\_  
Starting Position Title: \_\_\_\_\_ Present or Last Title: \_\_\_\_\_  Full Time  Part Time  Seasonal  
Briefly Describe Your Duties and Responsibilities: \_\_\_\_\_  
Explain Reason for Leaving: \_\_\_\_\_

**EMPLOYER 3:** \_\_\_\_\_ Type of Business: \_\_\_\_\_ Business Phone No: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Immediate Supervisor's Name: \_\_\_\_\_ May we contact?  Yes  No  
Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Starting Base Salary: \_\_\_\_\_ Ending Base Salary: \_\_\_\_\_  
Starting Position Title: \_\_\_\_\_ Present or Last Title: \_\_\_\_\_  Full Time  Part Time  Seasonal  
Briefly Describe Your Duties and Responsibilities: \_\_\_\_\_  
Explain Reason for Leaving: \_\_\_\_\_

Have you ever been fired?  Yes  No If Yes, please explain: \_\_\_\_\_

### PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW If you have any questions regarding the following statements, please ask for assistance.

I declare that I am qualified to perform all the duties of the position I am seeking. I also declare that the information I have provided on this application is true and correct and that any false statements or omissions will justify my rejection or dismissal. I authorize PSH to (1) contact any of my previous employers as well as any reference source to verify the facts and information that I have furnished regarding my qualifications and my character; (2) obtain information from law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal convictions; (3) obtain information from educational institutions concerning my educational record, conduct, and skills; and (4) obtain information concerning my credit history from credit reporting agencies, financial institutions, and other sources.

I authorize any person(s) having knowledge to provide such information to PSH, and release from liability and agree to hold harmless any person that furnishes such information in good faith. If I am employed, I agree to abide by rules, procedures, and policies as modified from time to time, including any drug-free work place policies.

If employed by PSH, I understand that I will be an employee at will and that my agreement with PSH may be terminated at any time by PSH or myself for any reason whatsoever. I understand that no supervisor or manager may alter or amend the above conditions. Only the owner of PSH has the authority to enter into any agreement for any specified period of time or to make any agreement contrary to the foregoing.

If I am selected, I understand that I will be asked to sign a Federal W-9 form and to provide positive proof of my identity and verification of my right to live and work in the United States. Finally, I understand that this is not only an application for contract employment, not an offer of or contract of employment and no part of this application shall be construed as an offer of employment or an employment contract.

Applicant's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_