

## Application for Employment

Pre-Employment Questionnaire Equal Opportunity Employer

GENERAL INFORMATION						
Name (First, Middle, Last)		Social Security No.				
Present Address	City		State	Zip Code		
Permanent Address	City		State	Zip Code		
Cell Phone Number			Reffered By			
Email Address		Date of Birth				
Position Applying For	Date Yo	ou Can Start	Do You Have Any Experience?			
Are you Employed Now?	If So, May We Inquire of Your Present Employer?		Are you Legally Authorized To Work in the U.S.			

PAST EDUCATION							
	Name of School	Years Attended	Graduate?	Subjects Studied			
High School							
College							

PREVIOUS EMPLOYMENT						
Dates Employed	Name of Employer	Position	Reason for Leaving			
From						
То						
From						
То						
From						
То						
DESCRIBE YOUR DU	UTIES & RESPONSIBILITIES WITH YOUR I	PREVIOUS EMPLOYI	ERS			

WHY DO YOU WANT TO WORK FOR SIP CIGAR & WHISKEY EXPERIENCE?

IF YOU ARE IN SCHOOL, WHAT IS YOUR SCHOOL SCHEDULE?

## PLEASE READ AND INITIAL

" 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 answers on the application shall be grounds for dismissal." ( )

"I authorize investigation of all statements contained herin and the references 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 all parties all liability that may result from furnishing the same to you." ( )

"I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any reason and without any prior notice." ( )

"I hereby represent and certify that I am honestly and sincerely interested in employment with Sip Cigar & Whiskey Experience. I have submitted this application in good faith and without false pretenses in order to achieve employment with Sip Cigar & Whiskey Experience."

Signature

In case of emergency notify:

Name

## THANK YOU - PLEASE DO NOT WRITE BELOW THIS LINE

Interviewed by:

Date Interviewed:

Date

Phone

Relationship

Notes: