



# RIVERWATCH BAR & GRILL

Employment Application

APPLICANT INFORMATION			
Last Name		First	M.I.      Date
Street Address			Apt #
City		State	ZIP
Phone		Cell Phone:	
Date Available	DOB:		Desired Salary
Position Applied for			
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?
Have you ever pleaded "guilty", "no contest", or been convicted of a crime, other than a minor traffic violation?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three <b>PROFESSIONAL</b> references. Please DO NOT list Family Members.</i>	
Full Name	Relationship
Company	Phone (      )
Address	
Full Name	Relationship
Company	Phone (      )
Address	
Full Name	Relationship
Company	Phone (      )
Address	

PREVIOUS EMPLOYMENT			
Company		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			

ADDITIONAL INFORMATION	
Do you have any physical limitations that might prevent you from lifting 40lbs or more?      YES <input type="checkbox"/> NO <input type="checkbox"/>	
E-Mail Address	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

**THANK YOU FOR COMPLETING OUR APPLICATION**  
 Please save this document to your device and email it to:  
[info@riverwatchgrill.com](mailto:info@riverwatchgrill.com)