

# ROCKSTARZ KARAOKE BAR

## APPLICATION FOR EMPLOYMENT

### PLEASE PRINT CLEARLY

To the Applicant: We appreciate your interest in Rockstarz Karaoke Bar and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications. We are an Equal Opportunity Employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, or the presence of a medical condition or handicap.

### PERSONAL:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Last) (First) (Middle)

E-Mail Address: \_\_\_\_\_ MySpace or Facebook Address: \_\_\_\_\_

Telephone Number - Home: \_\_ (\_\_\_\_) \_\_\_\_\_ Others: \_\_ (\_\_\_\_) \_\_\_\_\_ \_\_ (\_\_\_\_) \_\_\_\_\_

List any other name you use or have used: \_\_\_\_\_ Are you over 18 years of age?  YES  NO

Current Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Are you a U.S. citizen?  YES  NO If no, are you authorized to work in the United States?  YES  NO

Have you been previously employed here?  YES  NO If yes, date(s) \_\_\_\_\_ Supervisor(s) \_\_\_\_\_

Have you filed an application here before, and if so, date(s):  YES  NO \_\_\_\_\_

List any friends or relatives working here: \_\_\_\_\_

Transportation you will use to come to work?  Bus  Taxi  Auto, Year \_\_\_\_\_ Make \_\_\_\_\_  Other \_\_\_\_\_

Do you have a valid Driver's licenses?  YES  NO State \_\_\_\_\_ License Number: \_\_\_\_\_

### EMPLOYMENT DESIRED:

Position(s) applied for: \_\_\_\_\_  Full time  Part time \_\_\_\_\_ hours/week  
Rockstarz Karaoke Bar is a Drug Free Workplace. Are you willing to take a physical examination and/or drug screen?  YES  NO  
Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? \_\_\_\_\_  
List professional, trade, business, or civic activities and offices held, **excluding groups that the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veterans status** \_\_\_\_\_  
State any additional information that you feel may be helpful to us in considering your application \_\_\_\_\_  
Salary/Wage desired \$ \_\_\_\_\_. Date available to start work: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Name, address, telephone number and relation of person to be notified in the event of an accident or emergency: \_\_\_\_\_

**PERSONAL CHARACTER REFERENCES (Do NOT include relatives or former employers):**

Name	Relationship	Years Known	Address & Phone #	Best time to Call
			_____	
			_____	
			_____	

**EDUCATION:**

Name & Location	Years Completed	Degree/Diploma	Courses of Study
Elementary _____			
High School _____			
College _____			
Graduate _____			
Vocational/Training _____			

**EMPLOYMENT: List below all present and past employment, beginning with the MOST recent through last 10 years. (Use extra page if necessary):**

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
1.	From ____/____/____	_____	Starting:(hr/wk/yr) \$	<input type="checkbox"/> Quit <input type="checkbox"/> Discharge	
		_____		<input type="checkbox"/> Layoff Comments:	
( )		_____			

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
2.	From ____/____/____	_____	Starting:(hr/wk/yr) \$	<input type="checkbox"/> Quit <input type="checkbox"/> Discharge	
	To ____/____/____	_____		<input type="checkbox"/> Layoff Comments:	
( )		_____			

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
3.	From ____/____/____	_____	Starting:(hr/wk/yr) \$	<input type="checkbox"/> Quit <input type="checkbox"/> Discharge	
	To ____/____/____	_____		<input type="checkbox"/> Layoff Comments:	
( )		_____			

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
4.	From ____/____/____	_____	Starting:(hr/wk/yr) \$	<input type="checkbox"/> Quit <input type="checkbox"/> Discharge	
	To ____/____/____	_____		<input type="checkbox"/> Layoff Comments:	
( )		_____			

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
5.	From ____/____/____	_____	Starting:(hr/wk/yr) \$	<input type="checkbox"/> Quit <input type="checkbox"/> Discharge	
	To ____/____/____	_____		<input type="checkbox"/> Layoff Comments:	
( )		_____			

