

SAMMY'S ORIGINAL

Employment Application

Print or Type All Requested Information

Position(s) Desired _____

PERSONAL

Name _____
 Last First Middle

Social Security Number _____ Telephone _____

Address _____
 Street Address City State Zip Code

Are you over 21 years of age? Yes No Do you have the right to work in the United States? Yes No

After employment, can you submit proof of citizenship or legal entry to this country? Yes No

Have you ever worked for Sammy's Original Bar before? Yes No
 Include dates _____

How were you referred to Sammy's Original Bar? Company Image Relative Friend Newspaper
 Other _____

Names of friends and relatives working for Sammy's Original Bar?

Have you ever been convicted of a felony or crime? Yes No

AVAILABILITY

LIST HOURS AVAILABLE FOR WORK

	SUN	MON	TUE	WED	THU	FRI	SAT
DAY							
NIGHT							

Total Weekly Hours Desired _____

Salary Expected _____

Will you have another job while working for Sammy Original Bar? Yes No

If your plans include school, where do you plan to attend? _____

Explain below any circumstances, including other employment that would limit your hours of availability:

EDUCATION

CHECK LAST GRADE COMPLETED

Grade 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 Other _____

Name and address of last school attended _____

Special Skills and Training _____

EMERGENCY CONTACTS

Name _____	Address _____	City _____	State _____	Zip Code _____	(____) _____ Telephone
Name _____	Address _____	City _____	State _____	Zip Code _____	(____) _____ Telephone

LIST LAST THREE EMPLOYERS – BEGINNING WITH LAST EMPLOYER FIRST

EXPERIENCE	Employer	Address	Dates of Employment
	Position	Supervisor's Name and Telephone	Starting Salary _____ Ending Salary _____
	Duties		
	Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer	Address	Dates of Employment
	Position	Supervisor's Name and Telephone	Starting Salary _____ Ending Salary _____
	Duties		
	Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer	Address	Dates of Employment
	Position	Supervisor's Name and Telephone	Starting Salary _____ Ending Salary _____
	Duties		
	Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

I authorize investigation of all statements contained in this application form if I am considered for employment, and hereby authorize previous employers, or any other person or persons to whom the company may refer to give any and all information regarding my employment or scholastic standing together with any other information, that may not be on their records.

I understand that misrepresentation or omission of the facts called for hereon or receipt of unsatisfactory references will be sufficient cause for dismissal from the company's service if I shall have been employed.

I understand the need and importance of scheduling reliable staff during those work days and hours required to conduct your business. I acknowledge company rules and policies require that I inform my scheduling manager any changes in my work availability. Accordingly, I understand and agree it is my responsibility to immediately inform my scheduling manager of any changes.

I further understand that if I shall be employed, my employment will be on a probationary basis and either of us may terminate our work relationship for any reason. I may be discharged at any time for my inability to adapt myself to the requirements and duties of my employment

I also acknowledge that the Company utilizes a system of alternative dispute resolution that involves binding arbitration to resolve all disputes that may arise out of the employment context. Because of the mutual benefits (such as reduced expense and increased efficiency) that private binding arbitration can provide both the Company and myself, I voluntarily agree that any claim, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on Title VII of the Civil Rights Act of 1964, as amended, the Americans with Disabilities Act, or any other state or federal laws or regulations) that either I or the Company (or its owners, directors, officers, managers, employees, agents and parties affiliated with its employee benefit and health plans) may have against the other which would otherwise require or allow resort to any court or other governmental dispute resolution forum between myself and the company arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company, whether based on tort, contract, statutory, or equitable law, or otherwise, (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the appropriate worker's compensation act or state disability insurance act) shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act. However in addition to requirements imposed by law, any arbitrator herein shall be a retired judge by this state's court of general jurisdiction and shall be subject to disqualification on the same grounds as would apply to a judge of such court. To the extent applicable in civil actions in United States District Courts, the following shall apply and be observed: all rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion and at either party's written request within 10 days after issuance of the award, shall be subject to affirmation, reversal or modification, following review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the United States Court of Appeals of a civil judgment following court trial. Should any term or provision or portion thereof be declared void or unenforceable, it shall be severed and the remainder of this agreement shall be enforceable. **I UNDERSTAND BY VOLUNTARILY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH THE COMPANY AND I GIVE UP OUR RIGHTS TO TRIAL BY JURY.** I further understand that this voluntary alternative dispute resolution program covers claims of discrimination or harassment under Title VII of the Civil Rights Act of 1964, as amended. By signing this employment application below, I elect to give up the benefits of arbitrating Title VII claims. **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT**

Date _____ Applicant's Signature _____

APPLICANT – DO NOT USE THIS SPACE

Interview Date _____ Start Date _____ Wage _____ Position _____ Work Permit Yes No

Manager's Signature _____ Date _____

Notes _____