

Store Address: Sloopy's Sports Cafe

P.O. Box 480

Lakeside, OH 43440

Phone: 419-798-4457

Application for Employment This Sloopy's Sports Cafe store is Independently Owned and Operated By J-Sisters, Inc. of Brunswick DBA Sloopy's Sports Cafe

Name: (Last)		(First)		<u>(N</u>	<u>liddle Initial)</u>	Social Security Number:					
Local Address:								-			
Street Address:			<u>City:</u>		State:	Zip Code:	<u>Cou</u>	<u>ntry:</u>			
Home Address: (If different from lo	ocal address	s)									
Street Address:			<u>City:</u>		State:	Zip Code:	Cou	intry:			
Phone Number: Mobile Phone Number:				E-Mail Address:							
Are you a citizen of the U.S. or do you		Yes	No	Any offer of employment is conditional upon							
have a legal right to work in the U.S.?				completing Form I-9 and providing documents establishing your identity and work authorization.							
Are you 18 years of age or older?		Yes	No	If under 18 years of age, applicant will be required to							
				submit a birth certificate or work certificate as required by State or Federal law.							
Have you ever pleaded "guilty", Yes			No	If "Yes", When and Where?							
"no-contest" or been convicted of a crime?											
If "Yes", please provide details:											
Type of employment desired:	Full-Time		Part-Time	Date Available To Start:							
How many hours per week would you like to work?											
How were you referred to us?											
Availability											
Hours Available To Work		Mon	Tue	Wed	Thur	Fri	Sat	Sun			
From:											
To:											
From:											
To:											
From:											
To:											

Education

			Education	· · · · · · · · · · · · · · · · · · ·				
Are you presently enrolled in sch	ntly enrolled in school?		Yes					
If yes, please provide name and	address of th	ne school y	ou are atter	iding:				
School Name and Address:				Type Of Degree or Program:		Expected Completion Date:		
Did you successfully complete high school and receive a diploma?	Yes	No	,		gh school, do y		Yes	No
Name and address of last school	l attended:						•	<u>. </u>
School Name and Address:		<u>Dates Attended:</u> <u>Did You</u> From: To: Yes		Graduate? Date Of Degree:		<u>Major:</u>		
List any other education, degree	s, special ski	ills, qualifica	ations or ce	rtifications:				
		Emplo	oyment F	listory				
Company Name and Address:						Job Title:		
Company Phone Number:	Supervisor Name:				Dates Of E	mployment:	From:	То:
Last Pay Rate:	Reason For Leaving (If Applicable):				May We Contact This Employer?		Yes:	No:
Company Name and Address:						Job Title:		
Company Phone Number:	Supervisor N	Supervisor Name:			Dates Of Employment:		From:	То:
Last Pay Rate:	Reason For L	Reason For Leaving (If Applicable):				May We Contact This Employer?		No:
		R	eferenc	es				
Name:	Address:	Address:			Phone:		Relationship To You:	
have been given the opportunity to read this e s true and complete. I understand that any fals dismissal if discovered at a later date. I underst Cafe or its authroized agent, permission to obta general reputation, education, licensing or certi espect to potential employment with this emplo	e or misleading infrand that considera ain personal investications. I authorize	formation, or signation for employr tigative reports of	nificant omission ment may depen on me, including,	, may disqualify d upon results fro but not limited to	me from conside om my reference o statements ma	ration for emplo s and potential b de in this applica	yment;or if hired, background chec aiton or resume, o	may lead to my k. I grant Sloopys character informat
I understand that employment is contingent upon I agree to be possibly submitted to drug testing Immediately notify Sloopy's Sports Cafe if I shout violence while my job application is pending, or does not create an employment contract or pro-	as part of the hirin uld be convicted of if hired, during em	g process with t a felony, or any ployment. I ackr	he employer, and crime involving	d understand tha dishonesty, brea	at I will receive se ach of confidentia	parate notice ar lity, controlled s	nd release before ubstances, sexua	testing. I agree to

Date:

Signature of Applicant: