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)	,	(Middle Initial) Social Security Number:						
Local Address:										
Street Address:			<u>City:</u>		State:	Zip Code:	<u>Со</u> ц	untry:		
Home Address: (If different from Id	ocal addres	s)								
Street Address:			<u>City:</u>		State:	Cou	Country:			
Phone Number:	Mobile Phone	e Number:		E-Mail Addr	E-Mail Address:					
Are you a citizen of the U.S. or do	o you	Yes	No	Any offer	of employm	nent is condit	tional upon	you		
have a legal right to work in the U	-		I 🗆	completin	completing Form I-9 and providing document			ts		
			<u> </u>	establishi	ng your ider	ntity and wor	k authoriza	tion.		
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					
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				required t	by State or F	Federal law.				
Have you ever pleaded "guilty", Yes		No	If "Yes", V	When and W	Vhere?					
"no-contest" or been convicted of a crime?										
If "Yes", please provide details:				<u>.</u>						
Type of employment desired:	Full-Time		Part-Time	me Date Available To Start:						
How many hours per week would you like to work?			How far do you live from the restaurant?							
How were you referred to us?										
		/	Availabilit	ty						
Hours Available To Work		Mon	Tue	Wed	Thur	Fri	Sat	Sun		
From:										
To:			<u> </u>		Ī	<u> </u>				
From:			Ī							
To:										
From:										
To:						1				

## Education

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Are you presently enrolled in sch	nool?	Yes		No				
If yes, please provide name and	address of the	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 Leaving (If Applicable):				May We Contact This Employer?		Yes:	No:
		R	eferenc	es				
Name:	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 consideration personal investigations. 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: