

**ERIN'S SNUG IRISH PUB  
OF MADISON  
4601 American Parkway  
Madison, WI 53718**

**APPLICATION FOR EMPLOYMENT**  
AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER  
Please type or print, and answer all questions.  
APPLICATIONS ARE CONSIDERED CURRENT FOR ONLY 30 DAYS.  
ONLY ORIGINAL APPLICATION FORMS WILL BE ACCEPTED.

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**PERSONAL INFORMATION**

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**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
           **LAST**                  **FIRST**                  **MIDDLE**

**ADDRESS:** \_\_\_\_\_  
                           **STREET**                                  **CITY**                                  **STATE**                          **ZIP**

**TELEPHONE: DAY ( )** \_\_\_\_\_ **EVENING ( )** \_\_\_\_\_

Are you 18 years or older? -----YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a U.S. citizen or otherwise currently authorized to obtain lawful employment in this country YES \_\_\_\_\_ NO \_\_\_\_\_

If the job desired requires the use of a motor vehicle, do you have a valid Wisconsin driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_

Driver's License number: \_\_\_\_\_

Have you ever pleaded guilty to or been convicted on a misdemeanor or felony? -----YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, provide further information as to the offense(s), date, location of court, etc. If the job you are applying for requires you to operate a motor vehicle, include traffic convictions. The employer will consider your record only as it may substantially relate to the job for which you are applying. Attach additional sheets if necessary.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**EMPLOYMENT DESIRED**

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**POSITION:** \_\_\_\_\_ **DATE YOU** \_\_\_\_\_ **SALARY/WAGE** \_\_\_\_\_  
   **CAN START:** \_\_\_\_\_ **RATE DESIRED:** \_\_\_\_\_

**HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE:**   **YES**   **NO**                   **IF SO WHEN?**

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**EDUCATION AND TRAINING**

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(This information will be used where relevant and to assist in determining what positions might be appropriate for consideration.)

<b>EDUCATION</b>	<b>NAME AND LOCATION OF SCHOOL</b>	<b>NUMBER OF YEARS ATTENDED</b>	<b>DID YOU GRADUATE?</b>	<b>SUBJECTS STUDIED</b>
<b>HIGH SCHOOL</b>			<b>YES NO</b>	
<b>COLLEGE</b>			<b>YES NO</b>	
<b>TRADE OR BUSINESS SCHOOL</b>			<b>YES NO</b>	

Describe any other training you consider relevant to the position for which you are applying:

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**WORK EXPERIENCE / FORMER EMPLOYERS**

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Provide complete information. Be specific. Start with your current or most recent job. Include self-employment and military service. For part-time work, show the average number of hours per month. Show any changes in job title for the same employer as a separate position. Attach additional sheets if necessary.

<b>ARE YOU EMPLOYED NOW?</b>	<b>YES NO</b>	<b>IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO</b>	
Employer		Street Address	
Your Title		City, State and Zip	
Your Duties		Telephone	Name of Supervisor
		Total Time Employed	Last Rate of Pay
		From (Month and Year)	To (Month and Year)
		Reason for Leaving	

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Your Title			City, State and Zip	
Your Duties			Telephone	Name of Supervisor
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			Total Time Employed	Last Rate of Pay
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			Reason for Leaving	

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**REFERENCES (PERSONS NOT RELATED TO YOU)**

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<b>NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE NUMBER</b>	<b>BUSINESS OR OCCUPATION</b>	<b>YEARS ACQUAINTED</b>
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**NOTE: Your application will not be processed unless you have read and signed the Authorization, Release and Certification.**

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**AUTHORIZATION, RELEASE AND CERTIFICATION**

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I certify that all information on this application is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be valid as the original, and may be relied upon by all persons providing information.

I understand that employment with this employer is not contractual and is at-will. I understand and agree that, if hired; I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand that I may be required to submit to a medical examination if offered a position conditioned on such examination. I also understand that I may be required to submit for testing for controlled substance or other drugs.

I certify that I have (or have had read to me) and understand this authorization, release and certification.

**APPLICANT'S  
SIGNATURE:**

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**APPLICANT'S NAME  
(PRINT OR TYPE):**

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**DATE SIGNED:**

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