

THE Chophouse ON BANKHEAD

APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: _____

LAST NAME:	FIRST:	MIDDLE:	MAIDEN	OTHER NAMES USED
PRESENT STREET ADDRESS/APT#		CITY	STATE	ZIP
SOCIAL SECURITY#		DATE OF BIRTH		DRIVERS LICENSE#
POSITION OR TYPE OF WORK APPLYING FOR:				
HOW DID YOU HEAR ABOUT EMPLOYMENT AT THE CHOPHOUSE ON BANKHEAD?				
DATE AVAILABLE FOR WORK:			SALARY DESIRED:	

IF HIRED, CAN YOU PRESENT EVIDENCE OF U.S. CITIZENSHIP OR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY?

___ YES ___ NO

ARE YOU PRESENTLY EMPLOYED: ___ YES ___ NO

MAY WE CONTACT YOUR EMPLOYER? ___ YES ___ NO

SEEKING: ___ FULL TIME ___ PART TIME ___ PRN ___ TEMPORARY

TRAINING/EDUCATION

PLEASE INDICATE ANY EDUCATIONAL, VOCATIONAL, ON-THE-JOB, OR OTHER TRAINING YOU HAVE RECEIVED WHICH WILL AID US IN PLACING YOU IN THE POSITION THAT BEST MEETS YOUR QUALIFICATIONS AND/OR IN DETERMINING YOUR QUALIFICATIONS FOR THE POSITION WHICH YOU ARE APPLYING.

HIGH SCHOOL NAME	LOCATION	GRADUATED? YES or NO
COLLEGE NAME	LOCATION	DEGREE MINOR/MAJOR
GRADUATE SCHOOL NAME	LOCATION	DEGREE MINOR/MAJOR
OTHER SCHOOLS, SPECIAL TRAINING (<u>TABC CERTIFIED</u>) OR SKILLS (<u>POS, CASH HANDLING, FOOD HANDLING</u>), INCLUDING LANGUAGES:		
PROFESSIONAL LICENSE OR CERTIFICATION:	TYPE:	STATE ISSUED:
		NUMBER:
		DATE RECEIVED:
		DATE EXPIRES:

TEXAS LAW PERMITS OBTAINING RECORD OF CONVICTIONS, DEFERRED ADJUDICATIONS OF FELONY CHARGES AND CURRENT OFFENSES. I UNDERSTAND A CRIMINAL HISTORY CHECK MAY BE DONE. ___ YES ___ INITIAL

HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO A FELONY? ___ YES ___ NO --- IF YES PLEASE EXPLAIN.

**Work experience must be documented on this form.
ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT**

I give TCHOB my permission to check my past employment _____

YES

NO

Signature

Present/Last Employer:		Phone:	
Address:		City/State/Zip:	
Supervisor:			
Start Date:	Left Date:	Beginning Pay:	Ending Pay:
Job Title:		Duties:	
Reason for Leaving:			
Name of Employer:		Phone:	
Address:		City/State/Zip:	
Supervisor:			
Start Date:	Left Date:	Beginning Pay:	Ending Pay:
Job Title:		Duties:	
Reason for Leaving:			
Name of Employer:		Phone:	
Address:		City/State/Zip:	
Supervisor:			
Start Date:	Left Date:	Beginning Pay:	Ending Pay:
Job Title:		Duties:	
Reason for Leaving:			
ADDITIONAL COMMENTS (OPTIONAL):			

List four references who are not family.

NAME:	Title:
Phone:	Company:
NAME:	Title:
Phone:	Company:
NAME:	Title:
Phone:	Company:
NAME:	Title:
Phone:	Company:

**In Case of Emergency
Contacts**

Name:	Relation:
Phone:	ALT Phone:
Name:	Relation:
Phone:	ALT Phone:

Mail to:

**The Chophouse on Bankhead
P.O. BOX 1527
Mount Vernon, TX 75457**

Email to:

**[application@chophouseonbank
head.com](mailto:application@chophouseonbankhead.com)
(Preferred)**



AUTHORIZATION TO RELEASE DRIVER/CRIMINAL RECORDS

I understand and agree that: The information supplied in my application was submitted by myself, and all information is true and correct to the best of my knowledge. I understand that false or misleading information given in my application and/or interviews will be considered as cause for possible discharge. The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me regarding my employment history, education, credit history, criminal history, medical and professional licensing, motor vehicle records, residence history and references, will be utilized as part of the processing procedures. A background check will be conducted to verify the accuracy of the information submitted, and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation. I hereby authorize The Chophouse on Bankhead to make a thorough check of my past employment, education, criminal and driver records. I release from liability all persons, companies, and corporations supplying that information.

I release and indemnify The Chophouse on Bankhead against any liability that might result from making such background checks. A copy of this form is as valid as the original.

E-mail address(required)_____

Print full name_____Date of birth____/____/____

Address_____City, State_____

Social Security#_____-_____-_____Driver Lic.#_____

Signature_____Today's date_____