## APPLICATION FOR EMPLOYMENT

In compliance with Federal and State Equal Employment Opportunity Laws, all qualified candidates will be considered for employment without regard to their race, creed, color, national origin, ancestry, sex, age, marital status, veteran status, or the presence of non-job related medical conditions or handicaps.

<ul><li>Position De</li></ul>	osition Desired:			Date:		
<ul> <li>On what da</li> </ul>	nte would y	ou be available	to start work?			
<ul> <li>Available t</li> </ul>	Available to work:			Weekends and Holidays are required		
Full-Time Doubles				_ Day Shifts _ Night Shifts	7	Геmporary/Seasona
List any schedule p	preferences	you may have:				
PERSONAL INF	<u>ORMATIO</u>	<u>ON</u>				
Name:				_ Phone Nu	ımber:	
Last		First	Middle			
Current Address:					How Lon	g?
	Street		City, State	Zip		8
Previous Address:					How Lon	g?
	Street		City, State	Zip		<u> </u>
- Are you 18 years	or older?	$\square$ Yes $\square$ No				
- Have you applied	l for work a	at the Oasis befo	ore? 🗆 Yes 🗆	No If yes, wh	en?	
- If your job requir	es, may we	run a backgrou	and check?	Yes □ No		
- Do you speak a fe	oreign lang	uage? ☐ Yes ☐	No			
- Are you Food H	0 0			7 Ves ∏ No		
·			·		7 4:6: . 4:	D TVos D No
- If applying for s	erver, bar	lender, bar bac	ck, or busser	are you TABO	_ cerunea .	: ☐ Yes ☐ No
	~~-					
EDUCATION BA						
	Degree	School Name	e & Address	Course o	or Major	Graduated
High School						
College						
Post Graduate						

## **EMPLOYMENT HISTORY** We need at least the last 5 years of employment. If you need more paper please ask. IF YOU HAVE NEVER BEEN EMPLOYED, PLEASE WRITE IN NAMES OF NON-RELATIVES WHO MAY BE CONTACTED FOR REFERENCES. ☐ Yes ☐ No ☐ Temporary Layoff ☐ Permanent Layoff - Are you currently employed? **Current or Most Recent Employer** Dates: Company Name: Supervisors Name & Title: To From Address: Phone: ( ) Position & Duties: Rate of Pay: \$ Reason for Leaving: **Previous Employment** Dates: Company Name: Supervisors Name & Title: To Address: Phone: ( Position & Duties: Rate of Pay: \$ Reason for Leaving: **Previous Employment** Dates: Company Name: Supervisors Name & Title: To From Address: Phone: ( Position & Duties: Rate of Pay: \$ Reason for Leaving: May we contact all the employers listed above? $\square$ Yes $\square$ No If not, which ones should we not contact and why? \_\_\_\_\_ **Other Professional References** Name \_\_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_) \_\_\_\_ Name \_\_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_) \_\_\_\_ Name \_\_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_) \_\_\_\_ CERTIFICATIONS AND AGREEMENTS - PLEASE READ CAREFULLY The distribution or receiving of this application by The Oasis does not imply or intend to imply an agreement of contract to employ the

applicant. This application will be considered valid for no longer than three months. Reapplication is necessary after three months.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements or material omissions on my application or resume shall be considered suffipcient cause for dismissal. I also understand that if offered employment, I must prove my identity and my eligibility to work in the United States, prior to being employed.

Signature of applicant:	Date: