

Application for Employment

(Please Print)

O'Niell's

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, sexual orientation, or disability that does not prohibit performance of essential job functions.

I. Personal Information

Name: Last First Middle

Present Address

Permanent Address (if different than above)

Social Security Number Telephone Number

Emergency Contact: Name Telephone (Area Code - Number)

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid drivers license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. How were you referred to O'Niell's? _____

2. Have you worked with any Point of Sale equipment? Yes No If yes, Micros Other _____

3 Do you have current NM Alcohol Certificate? Yes No

II. Educational History

School Name/Location Years Completed Major

College _____

Tech. Training _____

Other _____

III. Employment History

1. _____
Company Name (Current or Most Recent Employer) Position Held

Address Dates Employed

Manager / Supervisor Telephone Wage / Salary

Reason For Leaving

2. _____
 Company Name _____ Position Held _____

 Address _____ Dates Employed _____

 Manager / Supervisor _____ Telephone _____ Wage / Salary _____

 Reason For Leaving _____

3. _____
 Company Name _____ Position Held _____

 Address _____ Dates Employed _____

 Manager / Supervisor _____ Telephone _____ Wage / Salary _____

 Reason For Leaving _____

Note: We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

_____ Reason _____
 Employers Name _____

 Employers Name _____ Reason _____

IV. References *Please do not include relatives or former employers.*

1. _____
 Name _____ Years Known _____

 Address _____ Telephone _____ Occupation _____

2. _____
 Name _____ Years Known _____

 Address _____ Telephone _____ Occupation _____

V. Work Availability

If your application receives favorable consideration, when will you be able to begin work? _____

What days, and time of day are you available? (Please write YES or NO in each space, as to your availability)

Day to 4 pm: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Night 4 pm to ? : Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require? _____

I declare that all statements are true and correct to the best of my knowledge.

Signature: _____ Date: _____