



APPLICATION FOR AT-WILL EMPLOYMENT

This Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

Position Applied For: _____

Date of Application: _____

Date you Can Start: _____

Please note that this application will only remain active for 3 months, after which the applicant would need to re-apply.

Name: _____
Last First Middle

Social Security #: _____ - _____ - _____

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Telephone #: Home (_____) _____ Cell # (_____) _____

E-mail address: _____ Are you 18 years or older? _____ Yes _____ No

Are there any hours or days of the week you cannot work? _____ If so, when? _____

Salary Desired _____ Type of Employment: _____ Full-time _____ Part-time

Are you employed now? _____ May we contact your present employer? _____

Did you ever apply to this Company before? _____ Where? _____

Under what name? _____ When? _____

EDUCATION:

	NAME AND ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT/ MAJOR
Elementary School				
High School				
College				
Specialized Training				

Do you have US Military experience? _____ Date Entered _____

Branch: _____ Rank: _____ Date Discharged _____ Honorably? _____

Are you lawfully entitled to be employed in the United States? _____

Have you ever been convicted of a crime except a minor traffic violation? _____ No _____ Yes

If so, please state citation, date and place where offense occurred. _____

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application. _____

REFERENCES: Three Individuals Not Related To You, Whom You Have Known For At Least One Year:

NAME	ADDRESS AND TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

Emergency Contact: _____
 Name Street City/State Telephone No.

CURRENT AND FORMER EMPLOYERS: (Most Recent One First)

DATE MONTH/YEAR	NAME, ADDRESS AND TELEPHONE NO. OF EMPLOYER	SALARY: STARTING/ ENDING	LAST POSITION HELD/ RESPONSIBILITIES	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

May We Contact The Employers Listed? Yes No

If not, which one(s)? _____

* * * *

Please read the following statement carefully before signing to indicate your understanding:

I understand that, prior to being offered employment; I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the administration of the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application may result in termination.

I understand and agree that, if hired; my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated with or without cause at any time with or without notice. I also authorize Big Five Entertainment Inc. d.b.a "Augie's Bar & Grill" to garnish my wages in the event that a customer I have waited on does not pay their bill in full in order to recoup the full amount of said bill. I understand and agree that all unpaid bills and debts to Big Five Entertainment Inc. incurred during my employment must be paid in full before I receive my final paycheck.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted,* to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

_____ Date _____ Signature

*Employers specifically excepted: _____

For Employer Use Only

Interviewed By: _____ Date: _____ Hired: _____ Yes _____ No

Starting Date: _____ Position: _____

Wage: _____

EMPLOYEE AVAILABILITY WORKSHEET

Managers will take availability into consideration when writing the schedule. This worksheet does not guarantee that you will be scheduled only on the days and times that you indicate. This worksheet is merely a tool for the Manager to use when writing the schedule.

Employee Name & Phone #: _____

Today's Date: _____

First Available Start Date: _____

PLEASE FILL IN THE EARLIEST TIMES YOU ARE AVAILABLE FOR EACH DAY AND SHIFT.

*ALL EMPLOYEES ARE ASKED TO WORK AT LEAST ONE DAY SHIFT &/OR ONE SUNDAY A WEEK.

	<i>A.M. Shift</i>	<i>P.M. Shift</i>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
How many shifts a week do you want to work?		

I UNDERSTAND THAT I AM RESPONSIBLE FOR SHIFTS THAT I AM SCHEDULED FOR AND THAT IF I AM UNABLE TO COME IN FOR MY SHIFT IT IS MY RESPONSIBILITY TO FIND SOMEONE TO COVER MY SHIFT. I ALSO UNDERSTAND THAT I MUST NOTIFY A MANAGER PRIOR TO SOMEONE ELSE COVERING MY SHIFT AND THAT THE MANAGER MAY NOT APPROVE THE COVERAGE.

EMPLOYEE SIGNATURE: _____

MANAGER SIGNATURE: _____