



DaiquiriDeck.com

Please circle location:

Daiquiri Deck, Inc.
Lido Bar/ Grill, LLC
Daiquiri Deck of Venice, LLC
Daiquiri Deck Rawbar South Siesta

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

_____ Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: () - Cell Phone: () - Email Address: _____

Date Available: _____ Social Security # _____ - - - Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO _____

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () - _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () - _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () - _____

Address: _____

Previous Employment

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	Salary:		POSITION	REASON FOR LEAVING
		Start	End		
From: _____ To: _____	_____	_____	_____	_____	_____
From: _____ To: _____	_____	_____	_____	_____	_____
From: _____ To: _____	_____	_____	_____	_____	_____
From: _____ To: _____	_____	_____	_____	_____	_____

PLEASE TURN OVER TO COMPLETE



DaiquiriDeck.com

Please circle location:

Daiquiri Deck, Inc.
 Lido Bar/ Grill, LLC
 Daiquiri Deck of Venice, LLC
 Daiquiri Deck Rawbar South Siesta

Military Service

Branch: _____ From: _____ To: _____
 Rank at Discharge: _____ Type of Discharge: _____
 If other than honorable, explain: _____

Disclaimer and Signature

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if ployed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature: _____ Date: _____

EMERGENCY CONTACT

NAME: _____ PHONE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS:

Use rating scale 1-10 with 10 the highest

NEATNESS:	1	2	3	4	5	6	7	8	9	10	CHARACTER:	1	2	3	4	5	6	7	8	9	10	
PERSONALITY:	1	2	3	4	5	6	7	8	9	10	ABILITY:	1	2	3	4	5	6	7	8	9	10	
HIRED:	YES	NO	FOR DEPT.								POSITIO N:				START DATE:				WAGE			
											HOURLY SALARY											
											SALARY											

All employees are considered variable hours, except management.

APPROVED: 1 _____ 2 _____ 3 _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

PLEASE TURN OVER TO COMPLETE