



Gallagher's

Eatery & Pub



Great food! And friends!

KALAMAZOO

POSITION(S) APPLIED FOR:		DATE OF APPLICATION:	
LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER(S)		SOCIAL SECURITY NUMBER	

If you are under 18, and it is required, can you furnish a work permit?..... YES NO

If no, please explain _____

Are you eligible for employment in this country?..... YES NO

On what date are you available _____

Type of employment desired:

- Full-Time Part-Time

Lunch (list times you can begin work)

Dinner (list times you can work until)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Work History—most recent employer first

Employer		Dates Employed:		Job Duties/Work Performed:	
Address		From	To		
Phone Number					
Job Title	Supervisor	Hourly Rate/Salary			
Reason for Leaving		Starting	Final		

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Address		From	To		
Phone Number					
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Address		From	To		
Phone Number					
Job Title	Supervisor	Hourly Rate/Salary			
Reason for Leaving		Starting	Final		

AN EQUAL OPPORTUNITY EMPLOYER

Education

School Attended	From	To	Did you Graduate?	Degree/Course of Study

Additional Information

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

How did you hear about Gallagher's? _____

Professional References– List Three people whom you are not related to:

Name	Relationship	Telephone	Years Known

Applicant Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Application for employment shall be considered active for a period of time not to exceed 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "AT WILL" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "AT WILL" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____

Area for employer: _____

