

Thank you for applying for a position on our team at Satchmo's Bar & Grill!



We are ALWAYS looking for passionate, hard working individuals who are capable of delivering exceptional guest service. If you are "simply looking for a job", Satchmo's is NOT the place for you! Please take a moment and read through this cover sheet prior to completing your application. We take what is written here very seriously!!

OUR PURPOSE

"THE SATCHMO'S EXPERIENCE"

OUR DEDICATED FAMILY PROVIDES THIS COMMUNITY AN INFORGETTABLE PLACE; TO CONNECT WITH YOUR FAMILY AND FRIENDS, TO HAVE FUN AND TO FEEL AT HOME.

OUR VALUES

- ❑ *We treat everyone with dignity and respect.*
- ❑ *We are dedicated to the learning, teaching, and ongoing development of each other.*
- ❑ *We have fun while we work!*
- ❑ *We provide a clean and safe environment for our guests and team members.*
- ❑ *We honor individual passions, and creativity at work and at home.*
- ❑ *We communicate openly, clearly and honestly.*
- ❑ *We honor the relationships that connect our team, our guests and community.*
- ❑ *We take pride in our commitment to provide quality service and a quality product.*
- ❑ *We celebrate and reward accomplishments and "A+" players.*
- ❑ *We support balance between home and work.*
- ❑ *Health: We are a profitable and fiscally responsible company. We support the physical and emotional well-being of our guests and team members.*
- ❑ *Our team works through support and cooperation.*

If this sounds like the kind of place you would like to work, then promptly fill out the attached application.

If this sounds like a place that you may not be interested in, then kindly save yourself the time, and do not complete the application.

Thank you for your time!

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

				DATE
NAME			SOCIAL SECURITY NUMBER	
	LAST	FIRST		
MIDDLE				
PRESENT ADDRESS				
	STREET	CITY	STATE	ZIP
PERMANENT ADDRESS				
	STREET	CITY	STATE	ZIP
PHONE NO.	ARE YOU 18 YEARS OR OLDER?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?				
			Yes <input type="checkbox"/>	No <input type="checkbox"/>

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?		
IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
REFERRED BY		

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC ATHLETIC ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U. S MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. [Fill in name of state.]
 IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST
 AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL
 BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

 Signature of Applicant

IN CASE OF
 EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED. MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
 IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE. AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: DATE:

REMARKS:

NEATNESS ABILITY

HIRED: Yes No POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER