



**The Fat Frogg Bar & Grill  
Employment Application Form**

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS.  
BACKGROUND CHECKS MAY BE CONDUCTED.**

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

Date: \_\_\_\_\_

**PERSONAL INFORMATION:**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

D.O.B \_\_\_\_\_

Street Address  
\_\_\_\_\_

City, State, Zip Code  
\_\_\_\_\_

Phone Number & Email

(\_\_\_\_) \_\_\_\_\_

Are you eligible to work in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you are under age 18, do you have an employment/age certificate?

Yes \_\_\_\_ No \_\_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have reliable transportation?  
\_\_\_\_\_

Driver's license number \_\_\_\_\_

State of issue \_\_\_\_\_

Expiration date \_\_\_\_\_

**POSITION/AVAILABILITY:**

Position Applied For \_\_\_\_\_

Days/Hours Available (*Fill in hours below for each day*)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

What date are you available to start work? \_\_\_\_\_

Copy down your class / other job schedule or attach a copy to this application.

**EDUCATION:**

Name and Address of School - Degree/Diploma - Graduation Date

\_\_\_\_\_

\_\_\_\_\_

Skills and Qualifications: Licenses, Skills, Training, Awards

\_\_\_\_\_

**EMPLOYMENT HISTORY:**

Present Or Last Position:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities:

\_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous Position:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**May We Contact Your Present Employer?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**References:**

Name/Title Address Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR STUDENTS ONLY**

E.,U Students (IF OVER BREAK) when will you back in Elon? \_\_\_\_\_

How many extracurricular are you involved in? \_\_\_\_\_

How many credits are you taking this semester? \_\_\_\_\_

Will you be here over winter term? Summer? \_\_\_\_\_

How many days per week do you plan on working? We require a min of three. \_\_\_\_\_

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_