

60 North Mountain Avenue, Upland, CA 91786 | (909) 985 - 9114 | info@tequilahoppers.com

Tell Us About Yourself

First Name:			_ Middle Initia	l: Last N	lame:		
Have you ever used another name? Yes 🗌 No 🗌 🛛 If yes, please specify:							
Date of Birth:/ / If you are under 18, can you subit a work permit? Yes 🗌 No 🗌							
Social Security #:			_ License #:		_ Expiration	n:/	_
Street Address:		City:			State:	Zip Coo	de:
Home Phone: ()	Ce	ll Phone: (_)	Other:	()	
Have you ever been convicted of a crime other than a traffic citation? Yes \Box No \Box							
If yes, please explain:							
Emergency Conta	ontact: Relation:		Phone: ()				
			Employ	ment			
What position are you applying for?							
🗌 Se	erver 🗌 B	artender	🗌 Barback	Security	🗌 Buss/I	Dish 🗌 Co	ook
Date of Application: /// Full Time Part Time							
Please (x) the shifts you are available to work (hours may vary):							
Availability:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Open							
Mid							
Close							
How did you hea	r about this j	ob opening	?				
Is there any reason why you would be unavle to safely perform any of the duties of the position you are							
applying for? Yes 🗌 No 🗌							
If ves inlease explain:							

E	Jucation	
High School:	City:	Graduation Year:
College:	City:	Graduation Year:
Other:	City:	Graduation Year:

	Work Experi	ence	
Company:	City:	Phone: ()	
Dates Employed:	Starting Pay:	Ending Pay:	
Supervisor's Name:	sor's Name: Job Title:		
Job Duties:			
Reason for Leaving:			
Company:	City:	Phone: ()	
Dates Employed:	Starting Pay:	Ending Pay:	
Supervisor's Name:	Job Tit	le:	
Job Duties:			
Company:	City:	Phone: ()	
Dates Employed:	Starting Pay:	Ending Pay:	
Supervisor's Name:	Job Title:		
Job Duties:			
Reason for Leaving:			

Authorization & Disclaimer

I hereby certify with my signature below that I have given to Tequila Hoppers true and complete information on this application. No requested information has been concealed. I authorize Tequila Hoppers to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I acknowledge that my employment is "at will." I understand that this means my employment is for an indefinite period of time and it is subject to termination by you or Tequila Hoppers, with or without cause, with or without notice, and at any time.

Date:			/
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Signature: _____