



**PERSONAL INFORMATION**

**Are you Authorized to Work in the U.S.A ?**    Y     N   
Proof of work authorization, required for I-9 purposes, must be produced by the employee within 72 hours of the start of the employee's employment.

**Are you certified in the Responsible Service of Alcohol?**  
Y     N

If you are under 18 years of age, can you furnish a work permit?

If yes—what program?  
ServeSafe Barcode  
TIPS

**If hired –do you have reliable transportation to get to work?**    Y    N  
Describe:

Other  
When does your certification expire?

Have you ever been discharged or asked to resign from any position? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

List any friends or relatives employed by this company: \_\_\_\_\_

**Service & Hospitality**

**Define what Hospitality means to you:** \_\_\_\_\_

**Why do you want to work for O'Connor's ?** \_\_\_\_\_

**Rate yourself:**

On a scale of 1-10 please rate your proficiency/ability in each of the following skills:

Food Knowledge\_\_\_\_      Plate Carrying Ability\_\_\_\_      Tray Carrying ability\_\_\_\_  
Wine Knowledge\_\_\_\_      Wine Service\_\_\_\_      Beverage Knowledge\_\_\_\_  
Problem Solving \_\_\_\_      Stamina\_\_\_\_      Team Player \_\_\_\_  
Ability to work under pressure\_\_\_\_      POS Knowledge\_\_\_\_

**Please indicate any other skills you have that may be relevant to the position for which you are applying:**

**Release for Contacting References**

I hereby authorize O'Connor's Restaurant and Bar to contact any of the above references. I further authorize references to release any information concerning me as they deem appropriate. I release and forever discharge O'Connor's Restaurant and Bar, its agents or employees, and the above-mentioned references, their agents or employees, from any and all liability, suits or causes of action arising in any manner from O'Connor's Restaurant and Bar contacting such references. *I understand that this Release prevents me from instituting any claim, lawsuit or other legal action based on any information any reference provides to O'Connor's Restaurant and Bar.*

*Applicant Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

By submitting this application, I certify that all statements given on this application are correct, and realize that falsification of this or another personal record may result in my discharge.

*Applicant Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**Emergency Contact (& Relationship):** \_\_\_\_\_ Phone \_\_\_\_\_