



VBGB EMPLOYMENT APPLICATION

VBGB considers applicants for all positions without regard to race, color, creed, religion, gender, marital status, sexual orientation, identity or expression, national origin, age (40 and over), disability, or any other basis prohibited by state or federal laws. Employment with VBGB is for no definite duration and is strictly on an at-will basis.

All questions must be answered and the application must be signed to be considered for employment.

Date: _____ / _____ / _____

PERSONAL INFORMATION

Name: _____

Address: _____

Contact Info: _____ () _____ ()

Email: _____

TELL US ABOUT YOURSELF

Are you at least 18 years of age? Yes / No

Are you of legal age to serve alcohol in North Carolina? Yes / No

Can you provide proof of your right to work in the USA? Yes / No

Do you have reliable transportation to/from work? Yes / No

Have you been convicted of a drug or alcohol related felony? Yes / No

How did you hear about VBGB/8.2.0? _____

POSITION OF INTEREST

Cashier Bartender Busser/Food Runner Dishwasher Line Cook Prep Cook

AVAILABILITY

List your specific availability. Place an X if you are unavailable.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Total hours per week you're available

Date you're available to start

Hourly Rate Desired

Are you currently employed?



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Date: _____ / _____ / _____

EDUCATION

High School: _____

Did you graduate? Yes / No

College: _____

Did you graduate? Yes / No

College Major: _____

Other Training: _____

WORK HISTORY (start with most recent)

Company Name: _____

Phone: _____

City, State: _____

Position: _____

Employment Dates: _____

Rate of Pay: _____

Supervisor's Name: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact this employer: Yes / No _____

Company Name: _____

Phone: _____

City, State: _____

Position: _____

Employment Dates: _____

Rate of Pay: _____

Supervisor's Name: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact this employer: Yes / No _____



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Date: _____ / _____ / _____

Company Name: _____

Phone: _____

City, State: _____

Position: _____

Employment Dates: _____

Rate of Pay: _____

Supervisor's Name: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact this employer: Yes / No

I understand that by signing this application, I am authorizing VBGB/8.2.0 to contact the individuals I have identified as references and form employers (if applicable) and educational institutions to confirm the information provided. I also understand that in the event of my employment, the policies or procedures implemented by the Company are not intended or should be construed as a contract relating to my employment and that such policies or procedures may be changed at any time in the Company's discretion, with or without notice. In addition, I agree to a drug test, if permitted by law, to be paid for by the Company. I understand that VBGB/8.2.0 is at will employment and employment can be terminated at any time by the employer or employee for any reason.

Signature: _____

Print: _____