

Educational Background

Name and Location	Number of years completed	Did you graduate	Course of study
High School			
College			
Other			

References (Do not list relatives)

Name	Telephone #	Number of years known

Family- Two Nearest Relatives

NAME	PHONE #	RELATIONSHIP	ADDRESS
1.			
2.			

APPLICANT STATEMENT

- I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.
- I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this applicant, or (ii) immediately discharge me from the employer's service, whenever it is disclosed.
- I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in the application, resume, or job interview. I hereby waive any and all rights and claim I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furthering such information about me.
- I understand that this application remains current for 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.
- I certify that I have read and fully completed this application and that this information is true and correct. Any misrepresentation or omission of facts asked about is reason for immediate dismissal no matter when discovered by SOFC. I understand that SOFC reserves the right to administer a polygraph exam according to the guidelines of the Employee Polygraph Protection Act.
- I understand and agree that if employed, the employment will be "at will". That is either I or SOFC may end the employment relationship at any time, for any reason, or for no reason. I also acknowledge that SOFC reserves the right to amend or modify the policies in its handbook or other SOFC policies at any time, without prior notice, and agree that I am bound by these including SOFC's anti-harassment policy.

I understand that a complete drug screen and a negative result will be required of me before employment will take effect. I also understand I must be employed for a period of at least 60 days are the drug screen fee will be deducted from my payroll check.

I understand that before a period of 30 days, the Employer will set up an appointment for me to attend a alcohol server class at my expense.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

IF APPLICATION IS NOT COMPLETELY FILLED OUT, NO INTERVIEW WILL BE SCHEDULED.

Signature of Applicant _____

Date ____/____/____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

