



3621 Sutherland Avenue, Knoxville, TN 37919 Phone 865-212-5655 FAX 865-212-9973
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Application for Employment

Date _____

Choose Preferred Location:

Knoxville _____ Maryville _____

Personal Information:

First Name _____ Last Name _____

Present address _____

City _____ State _____ ZIP _____

Cell Phone _____ Home Phone _____

Are you 18 years or older? Y _____ N _____

Are you legally authorized to work in the U.S.? Y _____ N _____

Emergency Contact: Name _____ Phone _____

Desired Employment:

Position: _____ Date you can start _____

Salary Desired _____ Are you employed now? _____

If so may we inquire of your present employer? _____

How did you find out about this position? _____

Education:

High School Name _____ #of years attended _____

Did you graduate? _____

College _____ # of years attended _____

Did you graduate? _____

What days/times are you available to work? Please circle.		
Sunday	AM	PM
Monday	AM	PM
Tuesday	AM	PM
Wednesday	AM	PM
Thursday	AM	PM
Friday	AM	PM
Saturday	AM	PM

Former Employers:

Name of present or last employer _____

Address _____ City _____ ST _____

Start date _____ End Date _____ Job Title _____

Hourly rate to start _____ Final hourly rate _____

Name of Supervisor _____ May we contact them _____

Description of work _____

Reason for Leaving _____

Name of present or last employer _____

Address _____ City _____ ST _____

Start date _____ End Date _____ Job Title _____

Hourly rate to start _____ Final hourly rate _____

Name of Supervisor _____ May we contact them _____

Description of work _____

Reason for Leaving _____

Personal References:

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Service Record:

Have you ever served in the US Armed Forces? _____

Rank _____ Branch of Service _____

Discharge Date _____

Have you ever been convicted of, plead guilty /no contest to, or had a suspended imposition of sentence for any offense (other than a minor traffic violation)? Y _____ N _____

If yes, please explain _____

Authorization:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

Signature _____ Date _____