This form can be filled out using Adobe Reader and submitted via E-Mail to sidewinders.roanoke@gmail.com, or printed and returned to Sidewinders Steakhouse and Saloon.

APPLICATION FOR EMPLOYMENT

ACSPN Properties, LLC d/b/a Sidewinders Steakhouse & Saloon is an Equal Employment Opportunity Employer. We do not discriminate against any individual on the basis of race, color, religion, gender, national origin, disability, age or any other status protected by applicable law in any term or condition of employment, including decisions concerning hire.

If you need any assistance completing this application, please ask to see our General Manager.

			(F	Please Print)				
Name:						Date:		
Address	:							
City: State:			State:	Zip:				
Telephone:				e-mail				
Yes	□No	Have you e		olication or ever	oeen er	mployed with us in the past? If yes,		
☐ Yes	□No	Are you cu	Are you currently employed?					
☐ Yes	□ No	May we contact your present employer? (I understand my failure to grant permission may lead to my being considered ineligible for hire)						
☐ Yes	☐ No	Are you legally eligible for employment in the United States? (Proof of proper authorization to work will be required)						
☐ Yes	□No	Are you under 18 years of age?						
☐ Yes	□No	Are you available to work? ☐ Full Time ☐ Part Time ☐ Summer Help Only						
☐ Yes	□No	Have you been convicted of a felony within the last 7 years? If yes, please explain:						
		conviction, t	he date of the conv		ationship	ration of employment. The nature of the of the conviction to the job sought, as		
☐ Yes	□No		ever been discip or tardiness?	lined (orally or ir	writing	g) by an employer for unexcused		
☐ Yes	☐ No	Have you ever been disciplined (orally or in writing) by an employer for failing to adhere to your employer's work rules?						

☐ Yes ☐ No	Have you ever been dis	charged by	/ an emplo	yer?
considered for the portion Please do not put "a Employment Exper	rtender, kitchen, etc. osition for which you ny" in response to the ience Start with your pr	are apply a above.	ing and o	your application will only be nly for a period of 60 days.
	accounted for. We will co ad to your being consider			yers unless you tell us not to. Failure to
Employer:		Date Employed		Work Performed:
		From	То	
Address:				
Telephone Number:		Hourly Rat	e/Salary	
		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				
Employer:		Date Empl From	oyed To	Worked Performed:
Address:		110111		
Telephone Number:		Hourly Rat	e/Salary	7
'		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				
Employer:		Date Employed		Worked Performed:
		From	То	
Address:				
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relephone rumber.		Starting Final		
Job Title:	Supervisor:	Otarting	T III CI	_
Reason for Leaving:			•	
Employer:		Date Employed		Worked Performed:
Address:		From	То	-
Telephone Number:		Hourly Rate/Salary		
Job Title:	Supervisor:	Starting	Final	_
	Supervisor.			
Reason for Leaving:				

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.						
2						
3						
Education in the Restaurant Industry						
Class, Degree or Course of Study:						
Other Training or Courses Taken:						
CERTIFICATION AND AGREEMENT						
I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that any omissions or falsification of information on this Application may lead to my not being hired, or if hired, my termination of employment or other appropriate disciplinary action.						
I hereby authorize investigation of all statements contained herein and the references and employers listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, concerning me. I release ACSPN Properties, LLC d/b/a Sidewinders ("Sidewinders") Steakhouse & Saloon and any employer or person providing such information from any and all liability or any damage which may result from such inquiry or the furnishing of such information as allowed by law.						
I understand and agree that if I am employed that my employment with Sidewinders will be considered at-will and that neither this application or any policy or procedure of Sidewinders should be construed to create a contract of employment for any specific duration.						
I understand that this application will only be considered for the particular position for which I am seeking employment. I also understand that if this application is unsolicited it will only be considered for the next 60 days.						
Signature of Applicant Date						

Please be advised, we will contact you if your application meets our requirements.