

## Massari's Blu Tavern

1323 Bunting St.
Pottsville, Pa 17901
Rt. 209 Llewellyn, Pa.
(570)5449919 or (570)544-8019

## APPLICATION FOR EMPLOYMENT

Personal Information (Please Print)	Date:					
Name:	Soc.Sec.#: Age:					
Address:						
	Phone#: Home:					
City: State:	Zip Code: Other:					
Education (Please Print) List from presen	nt.					
School/Institution Major or	r Area of Study Degree or Number o Years					
Special Skills or Training. (Applicable to Employment)						
Employment (Start with most Recent)						
From: To:	Reason for Leaving:					
Job Title:	Duties:					
Employer:	Supervisor's Name:					
Phone Number:	May we contact employer at the above phone number (YES / NO)					
From: To: Reason for Leaving:						
Job Title:	Duties:					
Employer:	Supervisor's Name:					
Phone Number:	May we contact employer at the above phone number ( YES / NO )					
From: To:	Reason for Leaving:					
Job Title:						
Employer:						
Phone Number:						

Additional Data (Please Pri	nt)						
Position Applied For:							
Schedule Desired: Full:					Yes / No)		
List any days, hours you are una	ıble to work:						
Rate of Pay:							
General Health Condition:	Good Fair	ir l	Poor				
Any Physical Handicaps: (YE	ES / NO ) If Yes Ex	xplain:					
Personal References.							
Name	Address			Relationship	Phone		
Applicant: READ AND SIGN BELOW							
The information provided by me in this application for employment is true and							
complete to the best of my knowledge. I understand that if I am employed,							
any false statement will be considered as a cause for possible dismissal.							
Applicant: Signature:	D. (						
	Date:						