

JOIN OUR TEAM

Harry C's Gasoline Alley needs talented employees to grow our restaurant. We offer entry-level and advanced positions in every area of restaurant and bar operation.

To apply, please fill out the below application in-person or email it to general@harrycsboomtown.com.

PERSONAL INFORMATION

Name

FIRST

Present Address

STREET ADDRESS

ADDRESS LINE 2

Permanent Address

STREET ADDRESS

ADDRESS LINE 2

Phone

Alternate Phone

When is the best time to reach you?

MORNING AFTERNOON EVENING

Are you 19 years or older?

YES NO

LAST

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

Have you ever been convicted of a felony? YES NO

If yes to the above, please explain (*this will not exclude you*).

AVAILABILITY AND EXPERIENCE INFORMATION

Position Desired (*check all that apply*)

Server Kitchen Lead Line Cook Busser/Food Runner Assistant Manager Bartender Dishwasher

Please list the hours you are available to work each week

Mon. _____ am to _____ am pm Tues. _____ am to _____ am pm Wed. _____ am to _____ am pm Thur. _____ am to _____ am pm
Fri. _____ am to _____ am pm Sat. _____ am to _____ am pm Sun. _____ am to _____ am pm

FORMER EMPLOYERS

List below your last three employers starting with most recent

Employer 1

COMPANY NAME

STREET ADDRESS

ADDRESS LINE 2

CITY

STATE

ZIP CODE

FROM

TO

\$ STARTING PAY

\$ ENDING PAY

SUPERVISOR

PHONE

JOB TITLE

REASON FOR LEAVING

DUTIES

Employer 2

COMPANY NAME	FROM /	TO /	\$ STARTING PAY	\$ ENDING PAY
STREET ADDRESS	SUPERVISOR		PHONE	
ADDRESS LINE 2	JOB TITLE		REASON FOR LEAVING	
CITY	STATE	ZIP CODE	DUTIES	

Employer 3

COMPANY NAME	FROM /	TO /	\$ STARTING PAY	\$ ENDING PAY
STREET ADDRESS	SUPERVISOR		PHONE	
ADDRESS LINE 2	JOB TITLE		REASON FOR LEAVING	
CITY	STATE	ZIP CODE	DUTIES	

Employer 4

COMPANY NAME	FROM /	TO /	\$ STARTING PAY	\$ ENDING PAY
STREET ADDRESS	SUPERVISOR		PHONE	
ADDRESS LINE 2	JOB TITLE		REASON FOR LEAVING	
CITY	STATE	ZIP CODE	DUTIES	

EDUCATION

High School

SCHOOL NAME	SUBJECTS		
SCHOOL ADDRESS	NUMBER OF YEARS ATTENDED		
CITY	STATE	ZIP CODE	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO

College

SCHOOL NAME	SUBJECTS		
SCHOOL ADDRESS	NUMBER OF YEARS ATTENDED		
CITY	STATE	ZIP CODE	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES

Reference 1

REFERENCE NAME

BUSINESS

REFERENCE ADDRESS

PHONE

YEARS KNOWN

CITY

STATE

ZIP CODE

Reference 2

REFERENCE NAME

BUSINESS

REFERENCE ADDRESS

PHONE

YEARS KNOWN

CITY

STATE

ZIP CODE

Reference 3

REFERENCE NAME

BUSINESS

REFERENCE ADDRESS

PHONE

YEARS KNOWN

CITY

STATE

ZIP CODE

ACKNOWLEDGMENT

"By signing my name below, 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 termination.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

NAME

DATE