



THE SOFO TAP

APPLICATION FOR EMPLOYMENT

Rec'd _____

Disp. _____

PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	DATE OF APPLICATION		
PRESENT ADDRESS		CITY	STATE	COUNTY	ZIP CODE
HOME PHONE NUMBER ()	CELL PHONE NUMBER ()		PREFERRED NUMBER CELL <input type="checkbox"/> HOME <input type="checkbox"/>		
EMAIL ADDRESS					
HOW WERE YOU REFERRED? CHECK ALL THAT APPLY.					
<input type="checkbox"/> WEBSITE _____ <small>PLEASE SPECIFY</small>		<input type="checkbox"/> NEWSPAPER/MAGAZINE _____ <small>PLEASE SPECIFY</small>			
<input type="checkbox"/> WALK-IN	<input type="checkbox"/> EMPLOYEE _____ <small>PLEASE SPECIFY</small>		<input type="checkbox"/> OTHER _____ <small>PLEASE SPECIFY</small>		
HAVE YOU EVER APPLIED FOR A JOB AT OR WORKED FOR THE SOFO TAP? IF YES, PROVIDE DETAILS.					

POSITION APPLIED FOR		DATE AVAILABLE FOR WORK
ARE YOU 21 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME, PLEASE LIST	ARE YOU APPLYING FOR: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ALL OF THE ABOVE
ARE YOU ABLE, WITH OR WITHOUT REASONABLE ACCOMMODATION, TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB POSITION FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO	PLEASE INDICATE WHAT THE TIME EACH DAY YOU ARE AVAILABLE TO BEGIN AND END WORK (E.G. 11-6, 5-CLOSE, ALL). MONDAY _____ FRIDAY _____ TUESDAY _____ SATURDAY _____ WEDNESDAY _____ SUNDAY _____ THURSDAY _____	
HAVE YOU EVER BEEN OR ARE YOU CURRENTLY EMPLOYED BY A RESTAURANT OR BAR? IF YES, PLEASE LIST THE BUSINESS NAME, POSITION AND DATES WORKED.		
ARE YOU A U.S. CITIZEN OR OTHERWISE LEGALLY AUTHORIZED TO WORK IN THE U.S.? (IF EMPLOYMENT IS OFFERED AND ACCEPTED, YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES) <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU UNDERSTAND EMPLOYMENT MAY REQUIRE WORKING WEEKENDS, HOLIDAYS, OVERTIME, AND ROTATION SHIFTS AS REQUIRED BY BUSINESS NEEDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION/SKILLS

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL					
COLLEGE					
GRADUATE SCHOOL					

DO YOU CURRENTLY HAVE ANY OF THE FOLLOWING CERTIFICATIONS? IF SO, LIST CERTIFICATION NUMBER AND EXPIRATION DATE.

BASSETT OR SERVSAFE CERTIFIED? YES NO

ILLINOIS FOOD HANDLER CERTIFICATE? YES NO

ILLINOIS FOOD SERVICE SANITATION MANAGER CERTIFICATION YES NO

OTHER SKILLS, EDUCATION OR SPECIAL TRAINING:

PAST EMPLOYMENT

LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS, BEGINNING WITH THE MOST RECENT. ATTACH SEPARATE FORM IF NECESSARY.

FROM (MO/YR) _____ TO (MO/YR) _____ START SALARY _____ LAST SALARY _____

JOB TITLE: _____

EMPLOYER NAME AND ADDRESS: _____

IMMEDIATE SUPERVISOR: _____ TITLE _____ PHONE _____

DUTIES: _____

REASON FOR LEAVING: _____

FROM (MO/YR) _____ TO (MO/YR) _____ START SALARY _____ LAST SALARY _____

JOB TITLE _____

EMPLOYER NAME AND ADDRESS: _____

IMMEDIATE SUPERVISOR: _____ TITLE _____ PHONE _____

DUTIES: _____

REASON FOR LEAVING: _____

FROM (MO/YR) _____ TO (MO/YR) _____ START SALARY _____ LAST SALARY _____

JOB TITLE _____

EMPLOYER NAME AND ADDRESS: _____

IMMEDIATE SUPERVISOR: _____ TITLE _____ PHONE _____

DUTIES: _____

REASON FOR LEAVING: _____

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB? IF SO, EXPLAIN THE CIRCUMSTANCES.

LIST ANY EMPLOYERS YOU DO NOT WANT CONTACTED AND WHY:

REFERENCES

GIVE THE NAMES OF THREE (3) WORK REFERENCES WHO ARE NOT RELATIVES

NAME	ADDRESS (CITY & STATE)	OCCUPATION / TITLE	PHONE NUMBER

APPLICATION CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that 4923 N. Clark Street, Inc. d/b/a The SoFo Tap ("the Company") may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature _____ Date ____/____/____

THE SOFO TAP IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL IN ANY PHASE OF EMPLOYMENT IN ACCORDANCE WITH THE REQUIREMENTS OF APPLICABLE LOCAL, STATE, OR FEDERAL LAW.

PLEASE EMAIL COMPLETED APPLICATION TO SOFOTAP@UMGCHICAGO.COM, MAIL IT TO THE SOFO TAP, 4923 N CLARK, CHICAGO, IL 60640, OR DROP IT OFF IN PERSON. A RESUME AND/OR PHOTOGRAPH MAY BE SENT AS WELL, BUT ALL PARTS OF THIS APPLICATION MUST BE FULLY COMPLETED. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.