



Buckhorn Café Inc.

- Buckhorn Steak & Roadhouse
- Buckhorn Catering
- Putah Creek Café

We are an equal opportunity employer, dedicated to a policy of non-discrimination or harassment in employment on any basis including sex, race, color, ancestry, religious creed, national origin, age, marital status, denial of family and medical care leave, denial of pregnancy disability leave or disability that does not prohibit essential job functions.

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER ()	REFERRED BY	ARE YOU OVER 18 YEARS OLD? YES _____ NO _____	

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization (e.g. valid driver's license, birth certificate, visa, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY/RATE DESIRED	
ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES _____ NO _____		
HAVE YOU EVER APPLIED OR WORKED FOR THIS COMPANY BEFORE? YES _____ NO _____	WHERE?	WHEN?	UNDER WHAT NAME?
DO YOU HAVE ANY RELATIVES WHO ARE PRESENTLY (OR FORMERLY EMPLOYED BY THIS COMPANY)? IF YES, INCLUDE RELATIVE'S NAME AND RELATIONSHIP.			
HAVE YOU, SINCE THE AGE OF 18 OR WITHIN THE LAST 7 YEARS (WHICHEVER IS MOST RECENT), EVER BEEN CONVICTED OF A FELONY? IF YES, DESCRIBE BRIEFLY. (A conviction will not necessarily bar an applicant from employment)			
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? YES _____ NO _____ (PLEASE SEE ATTACHED JOB DESCRIPTION) IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED.			

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

HOURS AVAILABLE							
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NAME AND LOCATION OF SCHOOL	DATES ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

CONTINUED ON OTHER SIDE

GENERAL

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS:	
US MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH CURRENT EMPLOYER FIRST)

DATE MO/YR	SALARY/RATE	NAME AND ADDRESS OF EMPLOYER	POSITION SUPERVISOR NAME & PHONE # ()	DUTIES	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					

ARE YOU WILLING TO SUBMIT TO DRUG/SUBSTANCE TESTING? YES _____ NO _____
ARE YOU CURRENTLY TAKING ANY MEDICATION? YES _____ NO _____

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	CITY/STATE	HOW LONG KNOWN
1. PHONE NO.			
2. PHONE NO.			
3. PHONE NO.			

AUTHORIZATION

The Company is an employment-at-will employer. This means that both employees and the Company have the right to terminate employment at any time or without advance notice, and with or without cause. No employee has a guarantee of continued employment for any particular or indefinite period of time. No employee is authorized to commit the Company orally or in writing to a guarantee for any term of employment, except in a specific written agreement signed by both the employee and the President. The Company reserves the right to change the terms and conditions of employment at any time.

I authorize investigation of all statement contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate dismissal or removal of my application from consideration. I authorize the Company to secure information about my experience with former employers, educational institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising therefrom.

DATE: _____

SIGNATURE _____