



DATE:			
LAST NAME:	FIRST NAME:	·	MIDDLE NAME:
ADDRESS:			APARTMENT:
CITY:	STATE:		ZIP:
TELEPHONE NUMBERS:			
EMAIL:		SECURITY NUMBER:	
POSITION APPLIED FOR:			
SHIFTS AVAILABLE TO WORK: (CHECK AI	_L THAT APPLY)		
□ DAYS	□ NIGHTS	☐ WEEK-ENDS	
SHIFTS NOT AVAILABLE TO WORK: (LIST	ALL THAT APPLY):		
HAVE YOU EVER BEEN EMPLOYED BY US	S BEFORE?		
		IF YES, DATE:	
ARE YOU CURRENTLY EMPLOYED?		☐ YES	S □ NO
MAY WE CONTACT YOUR PRESENT EMP	LOYER?	☐ YES	S 🗆 NO
ARE YOU 18 YEARS OR OLDER?		☐ YES	S 🗆 NO
ARE YOU A U.S. CITIZEN OR AUTHORIZED (Proof of citizenship or immigration status is re		☐ YES	S □ NO
YOU ARE AVAILABLE TO WORK:	☐ FULL TIME	☐ PART TIME	☐ TEMPORARY
DATE YOU CAN BEGIN WORK:			
HAVE YOU BEEN CONVICTED OF A CRIMI (Other than a traffic violation.) (Convicti		. ,	
IF YES, PLEASE EXPLAIN:			

EDUCATION

SCHOOL ADDRESS	CREDITS EARNED	MAJOR	DIPLOMA/DEGREE
HIGH SCHOOL:			
COLLEGE:			
TECHNICAL/OTHER:			

List below all present and past employment, beginning with your most recent. All times must be accounted for whether employed or not. Attach an additional sheet if necessary.

NAME & ADDRESS OF COMPANY & TYPE OF BUSINESS	FROM	то	DESCRIBE IN DETAIL WORK YOU DID AND YOUR TITLE	WEEKLY START SALARY OR HOURLY RATE	WEEKLY END SALARY OR HOURLY RATE	REASON FOR LEAVING	NAME, TITLE AND PHONE NUMBER OF YOUR SUPERVISOR
1.	MO YR	MO YR					
2.							
3.							
4.							
5.							

I hereby give Brownie's on the Lake permission to contact my former employers and be provided with complete information regarding my former employment including any and all information included in my personnel file and/or reasons for the end of my employment.

PERSONAL REFERENCES:

NAME:	COMPANY:		PHONE:
ADDRESS:		RELATIONSHIP:	
CITY/ STATE/ ZIP:			
NAME:	COMPANY:		PHONE:
ADDRESS:		RELATIONSHIP:	
CITY/ STATE/ ZIP:			
NAME:	COMPANY:		PHONE:
ADDRESS:		RELATIONSHIP:	
CITY/ STATE/ ZIP:			
WHY WOULD YOU BE A GOOD CHOICE FOR THIS P	OSITION?		

APPLICANT'S STATEMENT AND CONDITIONS OF EMPLOYMENT



(PLEASE READ CAREFULLY BEFORE SIGNING.)

I certify that the answers given by me in this employment application are true, correct and complete. I agree that brownies on the Lake shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. Further, I agree that if I seek damages for my termination and it is determined that, in any respect, that my employment was terminated and/or would have been terminated because of misstatements or pertinent omissions made by me in this application or failure to follow Brownie's on the Lake's rules or regulations, that I will be responsible for any and all actual attorney fees and costs incurred by Brownie's on the lake in defending itself.

I agree to the search or examination of myself or personal property while on Brownie's on the Lake's premises. I also authorize any company, school, police or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics whatsoever, together with any information they have regarding me whether or not it is in their records, to Brownie's on the Lake. I hereby release all companies, schools, or other persons from liability for any damages whatsoever for releasing this information. The use of results from this form and/or tests will be used for prudent employment decisions. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates Brownie's on the Lake to employ me.

In the event of employment, I will comply with all Brownie's on the Lake's rules and regulations as established from time to time. I also understand that Brownie's on the Lake retains the right to amend, modify, add or delete any or all policies or procedures at its sole and absolute discretion.

I hereby understand and acknowledge that any employment relationship with Brownie's on the Lake is of an "At-Will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without notice, with or without cause. It is further understood that this "At-Will" employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by an authorized Executive of Brownie's on the Lake.

During my employment with Brownie's on the Lake and after my employment ends, I agree not to disclose any confidential or proprietary information regarding operating and trade secrets. I further agree that with respect to any civil litigation involving Brownie's on the Lake in which I am a potential witness and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying Brownie's on the Lake or unless an authorized Executive or attorney of Brownie's on the Lake is present. I agree that any such discussions in violation of this agreement will cause irreparable harm to Brownie's on the Lake. A copy of this form may be used as the original. I agree that any claim or lawsuit relating to my service with Brownie's on the Lake or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

This application is valid for sixty days from the application date unless renewed in person or in writing.

Applicant's Signature:	Date:
Brownie's on the Lake has instituted procedures to protect its employees from identity only ask an employee to provide the last four digits of its social security number. How to identify an employee by social security number. For your protection, we will keep number is necessary, in a separate file in a filing system that is locked and accessibly therein will only be provided to outside sources where required by law or upon your exequired to complete a new employment application. The previous application will be	wever, certain laws and government organizations require an employer this document, as well as all documents where your full social security e only to necessary personnel. This file and the information contained xpress written authorization. Pursuant to this policy, all employees are
STATEMENT OF SOCIAL SECURITY INFORMATION	
Full Name:	
Social Security:	
Telephone:	
Address:	