

IMPORTANT!

Thank you for your interest in Prime Time Sports Bar & Grill.

You are welcome to take an application with you and return it to our drop box at your convenience.

It is important to us that you fill in all areas and answer all questions honestly. If an area of questioning does not apply to you, please indicate so with a N/A (not applicable) response.

If you have a resume, feel free to include it with your application. We will not accept resumes by themselves; this application must accompany your resume and must be completed in its entirety. Do not indicate, "see resume" in any sections.

Thank your again for taking the time to apply with us.

Prime Time Sports Bar & Grill 1360 Mohawk Blvd. Springfield, OR 97477

Prime Time Sports Bar & Grill

Employment Application

Position(s) applying for:		Date	:	
Personal Data				
Full Name:				
Current Address:				
Daytime Phone:		Alternate Phone:		·
Date available to begin work:				
General Information				
Have you applied for employme	nt with us before?	If yes, date(s	s):	
Have you ever been employed v	vith Prime Time befor	re? If so, date	e(s):	
Reason for leaving?				
Are you a citizen of the United S Proof of identity and eligibility t		• • •		
Are you at least 21 years of age?				
Education Please provide the following inforn Occupational training programs yo necessary. List seminars, workshop	u have attended.) begir	nning with the most recent.	Attach additiona	l paper if
School/Institution Name	Location	Major or Course of Study	# Years Attended	Degree/ Diploma

Employment History

Please provide the following information for all of your prior employers since you finished school beginning with your most recent employer. Attach additional sheets of paper in necessary.

Are you currently employed?	If yes, may we contact your current employer?		
Employer:	Phone:		
Reason for leaving:			
Dates of employment:			
Employer:	Phone:		
Reason for leaving:	-		
Dates of employment:			
Employer:	Phone:		
	-		
Dates of employment:			
Employer:	Phone:		
Address:			
Supervisor's Name & Title:			
Reason for leaving:			
Dates of employment:			

Additional Training

Please describe any additional training or professional development you have received beginning with the most recent. Attach additional sheets of paper in necessary.

Name/Description of Program	Program Sponsor & Address	Dates Attended	Certification Received
Military Service: <i>Please fill out Vete</i>	erans' Preference form attach	ed.	
Additional Information Please list any licenses or certifications	that are relevant to the position	for which you a	are applying.
If applicable to the position for which y you operate?	ou are applying, what factory ma	achines, office e	equipment or other devices can
If you have been listed by any other na and dates as they apply.	me(s) on education, military, em	ployment or otl	her records, please list all names
Do you have adequate and reliable me	ans of regularly traveling to work	⟨?	How?
Prime Time Sports Bar & Grill provides employment without regard to race, colaw requirements, Prime Time complie in every location in which the company including recruiting, hiring, placement, and training.	olor, religion, sex, national origings s with applicable state and local has facilities. This policy applies	age, disability of laws governing to all terms and	or genetics. In addition to federal nondiscrimination in employment d conditions of employment,
Prime Time Sports Bar & Grill expressly gender, sexual orientation, gender ider status. Improper interference with the discipline up to and including discharge	ntity or expression, national origi ability of Prime Time's employed	n, age, genetic i	information, disability, or veteran

Acknowledgements

- I understand that if employed, I am required to abide by all rules, regulations and policies of Prime Time.
- I understand that the use of this application does not indicate there are any positions open and does not in any way obligate Prime Time to offer me employment.
- I understand that an offer of employment is subject to my providing proof of work eligibility, as required by law and my completion of any and all pre-employment tests and procedures Prime Time decides to use.
- I authorize Prime Time to confirm my work history as well as education and references. In addition, I authorize the release of information from all schools, prior employers and references as listed on this application.
- I understand that no representative of Prime Time, other than the President, has authority to enter into any agreement for employment for any specified period of time or to make any agreement(s).
- I acknowledge that no other representations concerning the term of nature of my employment have been made to me or relied on by me.
- I acknowledge that I am not engaged in any outside activity of business that could be considered in conflict with
 the interest of Prime Time or those of its customers or clients and will not become engaged in such activity or
 business, if employed.
- I understand this application is valid for 30 days from the date signed. I will submit a new application to be considered for future job openings.

The information I have provided on this application is accurate to the best of my knowledge and is subject to
verification by Prime Time. I understand that false statements or omissions on my application materials may result in
immediate dismissal and/or removal of employment consideration.

Signature:	Date:

Veterans' Preference Form

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. If you think you may qualify, please read the following checklist carefully. Check the box for each item that is appropriate. This completed form and the required documentation must be submitted at the time you submit your application. You will not receive preference without these accompanying documents.

	n applied for:
	re or Applicant:
Print N	
	I was awarded the Purple Heart for wounds received in combat.
	I was discharged or released from active duty for a disability incurred or aggravated in the line of duty;
	I am entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; or
В.	QUALIFIED DISABLED VETERAN QUESTIONS: You may claim additional employment preference if you can check at least one box in the section below and provide proof of eligibility by submitting both of the following documents: 1. A copy of you DD-214 or 215, Certificate of Release or Discharge, Copy 4, and 2. A public employment preference letter from the United States Department of Veterans Affairs.
enlistm	duty" does not include attendance at a school under military orders, except schooling incident to an active nent or a regular tour of duty, or normal military training as a reserve officer or member of an organized reserve tional Guard unit.
	I am receiving a nonservice-connected pension from the United States Department of Veterans Affairs.
	I received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the Untied States and was discharged or released from active duty under honorable conditions; or
	I served on active duty with the Armed Forces of the United States for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; or
	I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs; or
	I served on active duty with the Armed Forces of the United States for a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions; or
	I served on active duty with the Armed Forces of the United States for a period of more that 90 consecutive days beginning on or before January 21, 1955, and was discharged or released under honorable conditions; or
A.	QUALIFIED VETERAN QUESTIONS: You may claim veterans' preference if you check at least one of the boxes below and provide proof of eligibility by submitting a copy of your DD-214 or 215.