



DaiquiriDeck.com

Please circle location:

Daiquiri Deck, Inc.  
Lido Bar/ Grill, LLC  
Daiquiri Deck of Venice, LLC  
Daiquiri Deck Rawbar South Siesta

**Employment Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

\_\_\_\_\_ Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Home Phone: ( ) - Cell Phone: ( ) - Email Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security # \_\_\_\_\_ - - Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States?  YES  NO If no, are you authorized to work in the U.S.?  YES  NO

Have you ever worked for this company?  YES  NO If so, when? \_\_\_\_\_

Have you ever been convicted of a felony?  YES  NO \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

**References**

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

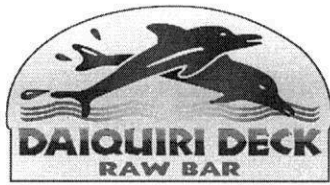
Company: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Address: \_\_\_\_\_

**Previous Employment**

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	Salary:		POSITION	REASON FOR LEAVING
		Start	End		
From: _____ To: _____	_____	_____	_____	_____	_____
From: _____ To: _____	_____	_____	_____	_____	_____
From: _____ To: _____	_____	_____	_____	_____	_____
From: _____ To: _____	_____	_____	_____	_____	_____

PLEASE TURN OVER TO COMPLETE



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**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
 If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if ployed, falsified statements on this application shall be grounds for dismissal.

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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS:

Use rating scale 1-10 with 10 the highest

NEATNESS:	1	2	3	4	5	6	7	8	9	10	CHARACTER:	1	2	3	4	5	6	7	8	9	10
PERSONALITY:	1	2	3	4	5	6	7	8	9	10	ABILITY:	1	2	3	4	5	6	7	8	9	10
HIRED:	YES	NO	FOR DEPT.		POSITIO N:		START DATE:		WAGE												
											HOURLY SALARY										

All employees are considered variable hours, except management.

APPROVED: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

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