



Join Our Team!

The bars and restaurants operated by Full Court Press Inc. need talented employees to keep the success going and growing. We offer entry-level and advanced positions in every area of restaurant and bar operation.

Please click the submit button on page 3 to email your completed application to employment@fullcourtpressdm.com, or mail to:

Full Court Press (Attn. Employment)
200 SW 2nd St.,
Des Moines, IA 50309

Personal Information

Name

FIRST _____

LAST _____

Present Address

STREET ADDRESS _____

CITY _____ STATE _____

ADDRESS LINE 2 _____

ZIP CODE _____

Permanent Address

STREET ADDRESS _____

CITY _____ STATE _____

ADDRESS LINE 2 _____

ZIP CODE _____

Phone

Alternate Phone

Have you ever been convicted of a felony?

YES NO

When is the best time to reach you? Are you 19 years or older?

MORNING AFTERNOON EVENING YES NO

If yes to the above, please explain (*this will not exclude you*).

Desired Employment

Position Desired (check all that apply)

Server Line Cook Busser Asst. Manager Bartender Expediter Prep Cook Dishwasher

Establishment Desired (check all that apply)

Buzzard Billy's El Bait Shop Fong's Pizza Hessen Haus High Life Lounge Mullet's Royal Mile The Red Monk The Library
 Iowa Taproom NO PREFERENCE

Please list the hours you are available to work each week

Mon. _____ am pm to _____ am pm Tues. _____ am pm to _____ am pm Wed. _____ am pm to _____ am pm Thurs. _____ am pm to _____ am pm

Fri. _____ am pm to _____ am pm Sat. _____ am pm to _____ am pm Sun. _____ am pm to _____ am pm

Have you ever applied to this company before?

YES NO

Have you ever worked for this company before?

YES NO

Former Employers

List below your last three employers, starting with most recent.

Employer 1

COMPANY NAME _____

FROM _____ TO _____ \$ _____ \$ _____
STARTING PAY ENDING PAY

STREET ADDRESS _____

SUPERVISOR _____ PHONE _____

ADDRESS LINE 2 _____

JOB TITLE _____ REASON FOR LEAVING _____

CITY _____ STATE _____ ZIP CODE _____

DUTIES _____



Employer 2

_____ COMPANY NAME			_____/_____ FROM	_____/_____ TO	\$ _____ STARTING PAY	\$ _____ ENDING PAY
_____ STREET ADDRESS			_____ SUPERVISOR		_____ PHONE	
_____ ADDRESS LINE 2			_____ JOB TITLE		_____ REASON FOR LEAVING	
_____ CITY	_____ STATE	_____ ZIP CODE	_____ DUTIES			

Employer 3

_____ COMPANY NAME			_____/_____ FROM	_____/_____ TO	\$ _____ STARTING PAY	\$ _____ ENDING PAY
_____ STREET ADDRESS			_____ SUPERVISOR		_____ PHONE	
_____ ADDRESS LINE 2			_____ JOB TITLE		_____ REASON FOR LEAVING	
_____ CITY	_____ STATE	_____ ZIP CODE	_____ DUTIES			

Education

High School

_____ SCHOOL NAME			_____ SUBJECTS			
_____ SCHOOL ADDRESS			_____ NUMBER OF YEARS ATTENDED			
_____ ADDRESS LINE 2			Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO			
_____ CITY	_____ STATE	_____ ZIP CODE				

College

_____ SCHOOL NAME			_____ SUBJECTS			
_____ SCHOOL ADDRESS			_____ NUMBER OF YEARS ATTENDED			
_____ ADDRESS LINE 2			Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO			
_____ CITY	_____ STATE	_____ ZIP CODE				

Other Education

_____ SCHOOL NAME			_____ SUBJECTS			
_____ SCHOOL ADDRESS			_____ NUMBER OF YEARS ATTENDED			
_____ ADDRESS LINE 2			Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO			
_____ CITY	_____ STATE	_____ ZIP CODE				

References

Reference 1

REFERENCE NAME _____

REFERENCE ADDRESS _____

ADDRESS LINE 2 _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS _____

PHONE _____ YEARS KNOWN _____

Reference 2

REFERENCE NAME _____

REFERENCE ADDRESS _____

ADDRESS LINE 2 _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS _____

PHONE _____ YEARS KNOWN _____

Reference 3

REFERENCE NAME _____

REFERENCE ADDRESS _____

ADDRESS LINE 2 _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS _____

PHONE _____ YEARS KNOWN _____

Please read and complete form below:

"By typing my name below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for termination.

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."

NAME _____ DATE _____