

MANAGER EMPLOYMENT APPLICATION

JOIN OUR TEAM -

The bars and restaurants operated by Full Court Press Inc. need talented managers to keep the success going and growing. We offer entry-level and advanced positions with a competitive benefits package to include employee discounts, health insurance premium contributions, 401k and 4% matching, paid holidays, paid vacation/sick days, and more!

To apply, please fill out the below application and email it to hr@fullcourtpressdm.com.

	Date of applicati	on:			
	PERSONAL IN	FORMATION	J		
Name	LAST	Email			
Addroce			Di	none	
Address STREET ADDRESS	CITY	STATE	ZIP CODE		
When is the best time to reach you? □ MORNI	NG □ AFTERNOON □ EVENING	A	re you legally eli	gible to work in the US	? □ YES □ NO
Have you ever been convicted of a felony?	⊐ YES □ NO If yes, pleas	e explain			
	AVAILA	BILITY —			
Position Desired: (check all that apply)	☐ GENERAL MANAGER	☐ ASSISTANT	MANAGER	☐ KITCHEN MANAGI	ER
How many years of restaurant experience do	you have?	How many years o	of management e	xperience do you have?	
Any scheduling restrictions we should be awa	aro of?				
any scheduling restrictions we should be awa	ire oi!				
Briefly describe the computer and/or Point of	Sale (POS) software program				
Have you ever worked for a Full Court Press	r estaurant before? \square YES	□ NO If yes,	, which location?		
Dates of Employment:	Job Title:		Supe	rvisor:	
List	below your last three emplo	vers starting with	ı most recent.		
Employer 1		J 2.2 2.40 1119 11111			
COMPANY NAME		FROM	/ T0	\$ \$ STARTING PAY E	NDING PAY
	STATE	SUPERVISOR		PHONE	
CITY	PIAIF			PHUNE	
JOB TITLE		REASON FOR LEAVING			



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Employer 2				/		/	\$	\$	
COMPANY NAME				FROM	TO	·	STARTING PAY	ENDING PAY	
CITY		STATE		SUPERVISOR			PHONE		
JOB TITLE				REASON FOR LEAVI	NG				
Employer 3				,		,	Φ.	•	
COMPANY NAME				FROM	TO	/	STARTING PAY	ENDING PAY	
CITY	STATE			SUPERVISOR	SUPERVISOR			PHONE	
JOB TITLE				REASON FOR LEAVI	NG				
			— EDU	CATION —					
High School				College/Other	Educatio	n			
SCHOOL NAME		CITY	STATE	SCHOOL NAME			CITY	STATE	
NUMBER OF YEARS ATTENDED	Graduated?	☐ YES ☐ NO		NUMBER OF YEARS	ATTENDED	Grad	uated? □ YES	S □ NO	
EXTRACURRICULARS				TITLE OF DEGREE O	R CERTIFICAT	ION OR AREA (DF STUDY		
REFERENCE NAME		RELATIONS		ERENCES —		PHONE #		YEARS KNOWN	
REFERENCE NAME		RELATIONS		PHONE #			YEARS KNOWN		
REFERENCE NAME		RELATIONS	SHIP			PHONE #		YEARS KNOWN	
By signing my name und I authorize investigatio concerning my previo	derstand that, if e n of all statemen us employment a	that the facts con employed, falsifie ts contained here nd any pertinent	ntained in the d statement gin and the interior	ts on this applicati references and em	true and ion shall t iployers li ersonal or	ne grounds sted above otherwise	for termination to give you an and release th	n. ny and all information	
Annlicant Signature		, isi ang aamago		winzum		Nate:			