



Employee Application  
Copper Spoon  
260.755.1019  
301 W Jefferson Blvd.  
Fort Wayne, IN 46802

**Applicant Information**

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

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date available: \_\_\_\_\_ Desired hours/week: \_\_\_\_\_ Desired wages:\$ \_\_\_\_\_

Position applied for: \_\_\_\_\_

**Please check all that apply:**

You are authorized to work in the United States: \_\_\_\_\_ \*Relevant to Indiana service liquor laws  
You served in the US Military: \_\_\_\_\_ You are 19 or older\* \_\_\_\_\_  
You have reliable transportation to work: \_\_\_\_\_ You are 21 or older\* \_\_\_\_\_  
You have been convicted of a felony: \_\_\_\_\_ You have an updated serving/liquor license: \_\_\_\_\_

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

*A felony conviction does not disqualify you from employment. Factors such as date, seriousness, and rehabilitation will be considered.*

**Education**

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

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

College or Other: \_\_\_\_\_ Address: \_\_\_\_\_

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

**Reference**

*Please list at least one professional reference.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

*An equal opportunity employer*

## Work Availability

Please Check Available Evenings

Copper Spoon is closed Sundays. Shifts are approximately 2pm-11pm Back of House, 4pm-12am Front of House.

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Notes \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

## Disclaimer and Signature

*I affirm that all information in this application is true and complete. Any misrepresentation, false statements, or omission of requested facts shall be ground for refusal of employment or, if hired, dismissal from employment, no matter when discovered. I understand that my application will remain active for 90 days from the date received.*

*I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States, as well as completing an I-9 form to document such authorization.*

*I understand and acknowledge that my employment and compensation can be terminated with or without cause, and with or without notice, at any time at the option of the company, unless otherwise prohibited by law. I understand that no representative of the company has the authority to make any modifications, either verbally or in writing, to the contrary.*

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

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