



## Statement of Values

Dear Applicant:

Welcome to Mutiny Pirate Bar and Island Grill. Prior to completing this online application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests.

We want you to understand that we also believe in living our values, some of which are:

- ❖ We believe that good enough isn't.
- ❖ We believe in doing business in a professional and orderly manner.
- ❖ We believe in honesty and integrity.
- ❖ We believe in taking care of our guests first and foremost, and always being a guest advocate.
- ❖ We believe that only a happy and professional staff can give the level of personal service we demand.
- ❖ We believe in a family, team-oriented environment, and we treat each with the respect that everyone deserves.
- ❖ We believe in the ongoing training and development of our staff and see it as a worthy investment in the future of the company.
- ❖ We believe in providing a unique and powerful sort of personal care and attention that our guests tell stories about.
- ❖ We believe that everyone is capable of being an A+ player.

If this feels like an environment for you, please complete the application.

Please complete this application by filling it out on your computer, save it and then email it to [kevin@mutinypiratebar.com](mailto:kevin@mutinypiratebar.com)





**Employment History (List most recent first)**

1. Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor & Title \_\_\_\_\_ Your title \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Job duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor & Title \_\_\_\_\_ Your title \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Job duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor & Title \_\_\_\_\_ Your title \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Job duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**References (Not related to you)**

Name	Relationship To You	Phone Number	Years Known

Do you speak any foreign languages or know sign language fluently ?      YES      NO

If yes, please list \_\_\_\_\_



**Background Information - Please write yes or no in the blank**

Have you ever been convicted of a felony or a first degree misdemeanor? \_\_\_\_\_

Have you ever pled Nolo Contendere to a crime which is a felony or a first degree misdemeanor? \_\_\_\_\_

If you answered YES to any previous questions, please list the city/state and the date which the action was taken and the charges brought against you: \_\_\_\_\_

**Special Study / Interests / Activities**

Please list any subjects of study or research work you are currently involved in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any hobbies, sports, civic or other activities you are involved in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physical record**

Do you have any physical condition which may limit your ability to perform the job applied for? YES NO

If you answered yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact (If under 18, please list parent or legal guardian)**

In case of emergency, please notify:

Name \_\_\_\_\_ Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Address \_\_\_\_\_

Relationship: \_\_\_\_\_



## Authorizations & At-Will Employment Agreement

(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

### AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

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

Name (please print) \_\_\_\_\_

Signature of Applicant : \_\_\_\_\_

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

