## **Neon Boots Dancehall & Saloon**

11410 Hempstead Rd., Houston, TX 77092

Main: 832-582-5022

E-Mail: employment@neonbootsclub.com



EMPLOYMENT APPLICATION													
APPLICANT INFORMATION													
First Name:			Middle Name:			Last Name:							
Street Address:													
City:			State:		Zip:								
E-mail Address:													
Phone (Mobile):				ne (Home):									
Position Applied For:													
Are you legally eligible for employment in the USA?			YES NO	Are	Are you currently employed?			YES	NO				
Are you able to perform the essential functions of the position without accommodations?			YES NO	If so, may we inquire of your present employer?				YES	NO				
Do you have a valid driver's license?			YES NO		Have you ever applied for employment at Big Tex Bingo before?  Were you hired?			YES	NO				
Do you have transportation to/from work?			YES NO					YES	NO				
Have you ever been convicted of (or are you currently under indictment) for a felony?			YES NO	If yes, please explain:									
REFERENCES (PROFESSIONAL OR PERSONAL - NOT RELATED TO YOU)													
Name: Pl			hone:			Occupation:			Years Known:				
Name: F			Phone:			Occupation:			Years Known:				
Name: F			Phone:			Occupation:			Years Known:				
			E	DUCA.	11	ION							
High School:							Graduated?YES		NO				
College:			Major:			Yrs. Completed:			Graduated?YES		NO		
Business/Technical:			Field:			Yrs. Completed:			Graduate	d?YES	NO		
			ı	MILIT	Άl	RY							
Branch: Rank:						Yrs Served:			on. Discharge? YES NO				
OTHER SKILLS AND CERTIFICATIONS													
Languages Spoken FLUENTL	.Y:												
Do you currently have an active TABC license in Texas?  YES NO If yes, current thr			ough:	ugh: Li			License Number:						

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)									
Employer:	Position Title, Duties & Skills:								
Address:									
City, State, Zip:									
Dates Employed:									
Supervisor's Name & Phone:									
Reason for Leaving:									
Employer:	Position Title, Duties & Skills:								
Address:	-								
City, State, Zip:									
Dates Employed:									
Supervisor's Name & Phone:									
Reason for Leaving:									
Employer:	Position Title, Duties & Skills:								
Address:									
City, State, Zip:	-								
Dates Employed:									
Supervisor's Name & Phone:									
Reason for Leaving:									
SIGNATURE									
Information to the applicant: As part of our procedure for processing your employment application, your personal and employment references may be checked and verified. If subsequently hired, any misrepresentation or omission of facts on this application may result in the immediate termination of employment.									
Proof of citizenship and/or authorization to work in the United Sta	ates must be provided	at the time of hire.							
Signature of applicant: <b>X</b>		Date:							
STAFF USE ONLY									
Application Taken By:	Recommended/Referred by:								
Contact History & Notes:									