

Application

Beck-n-Call Event Services, LLC ("BnC") appreciates your interest in applying for a position with us. We consider all applicants without regard to race, color, religion, sex, national origin, ancestry, age, disability, citizenship status or membership in any other protected class.

Please note: It is important that you complete all parts of this application. If your application is incomplete or does not clearly show the required relevant experience, your application may not be accepted.

Name and Address													
First Name							Last Name						
Mailing Address													
City							Zip						
Permanent Address													
City	City						Zip						
Cell Phone Age if					f Under 2	21	Email Address						
Job Type & Availability													
Days/Hours available to work:													
No preferent	nce 🗆 Monday 🗌 Tuesday		lay	□ Wednesday		□ Thursday	🗆 Friday		🗆 Saturday	🗆 Sunday			
Desired position(s): (check all that apply)													
□ Bartender	□ Server	· 🗆 Kitchen Prep 🗆			Chef		at Check Attend	lant	🗆 Bu	□ Busser/Runner/Back of House			
Additional Information													
If hired, can you provide documentation of your identity and eligibility for employment in the United States?						□ Yes □ No							
I am aware that a background check is part of this application process and wish to proceed:							□ Yes			П №			
Do you have a driver's license?							□ Yes □ No						
Do you have reliable transportation to and from work?						□ Yes			□ No				

Relevant Work Experience										
Please list RELEVANT work experience beginning with your most recent job held. Attach resume, in addition, if necessary.										
Company	Name of last supervisor				Hours/week					
Address	City		State		Zip					
Start Date (Month/Yr)	End Date (Month/Yr)	o Title Phone Nu				mber				
Reason for leaving (be specific	May we contact this employer? □Yes □No									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:										
Company			Name of last supervise				Hours/week			
Address			<u> </u>		<u>64-4-</u>		Zip			
Address			City		State		Στh			
Start Date (Month/Yr)	Jol	b Title Phone Number								
Reason for leaving (be specific	May we contact this employer? □Yes □No									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:										
Company				of last supervis	Hours/week					
Address	City		State		Zip					
Start Date (Month/Yr)	End Date (Month/Yr)	o Title Pho			Phone Nu	one Number				
Reason for leaving (be specific): May we contact this employer? Yes No										
List the jobs you held, duties p company:	performed, skills used or learn	ed, a	advance	ments or prom	otion	s while you	worked at this			

	Education (Highest Level and/or Relevant)									
School			Address	Years Completed			or	Degree or Diploma		
Professional References (excluding relatives)										
	Name	-	Phone Num	nber	Ci	rcumstan	our acquaintance			
1										
2										
3										
Emergency Contact Information										
	Name		Phone Number			Circumstances of your acquaintance				
1										
2										
TIN		ANEMDIO	VED MAY NOT DE				ONDITI	ION OF		
UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS										
	JILTY OF A MISDEMEAN	NOR AND SU	JBJECT TO A FINE	NOT EXCEED	DING \$	100.				
Sig	I HAVE READ AND UNDERSTOOD THE ABOVE. Signature Date (Month/Day/Yr)									
Applicant's Statement and Authorization (Applicant should read carefully before signing)										
I certify that all of the information provided in this application and during the interview process is true and complete. I authorize the investigation of all statements contained in this application and/or made during the interview process. I understand that any misrepresentation or omission of facts called for in this application or during the interview process is cause for immediate dismissal.										
I authorize BnC or its designee to contact my former employers for references regarding my work performance and other information concerning my previous employment, including the dates of my employment, my job titles and responsibilities and my compensation. I hereby authorize my previous employers to respond to your requests and to provide you with the requested information, and I release all persons connected with any such request for information from all claims and liability which may arise from the release or use of such information.										
I understand and agree that if I am employed, my employment will be for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time, for any reason, with or without cause, with or without notice, at the option of either BnC or myself.										
I understand that as a condition of employment I may be required to submit to a medical examination, including a drug and alcohol screening, and I agree to submit to such examinations/tests.										
I also authorize BnC to deduct from my wages any amounts which may be due it as a result of overpayment of wages, loss or destruction of its property or any other amounts which I may lawfully owe BnC, or for which I have received full consideration.										
Si	gnature					Da	ate (Mo	nth/Day/Yr)		