

PREVIOUS EXPERIENCE

Please list beginning with most recent:

1. Dates of Employment Company Name Location Title/Role

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Job notes, tasks performed & reason for leaving:

Employer Name Employer Phone #

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2. Dates of Employment Company Name Location Title/Role

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Job notes, tasks performed & reason for leaving:

Employer Name Employer Phone #

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3. Dates of Employment Company Name Location Title/Role

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Job notes, tasks performed & reason for leaving:

Employer Name Employer Phone #

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EDUCATION HISTORY

	Name & Location	Years attended	Did you graduate?	Subjects Studied
High School				
College/University				
Specialized training/ Trade school/ etc.				
Other useful training				

WHAT WE REALLY WANT TO KNOW ...

1. Please rate the following on a scale of 1-10

People	
Food	
Booze	

2. Circle which best describes you

BOOKS / SPORTS

INTROVERT / EXTROVERT

DIVE BAR / CLUB

CATS / DOGS

FUNNY / SERIOUS

LONER / TEAMMATE

3. If you could have any job in the world, what would you choose to do?

4. Coolest place you've wined or dined at?

5. Are you a smoker? YES _____ NO _____

6. Can you work a whole shift without your cell phone? YES _____ NO _____

7. Where do you want to see yourself in 10 years from now?

8. If you could open your own bar or restaurant, what would it be?

9. If YOU owned Dublin Deck, what would you do differently? What changes would you make?

10. What makes you special? Why does Dublin need YOU?
