

Bartender Data Entry Form

1. Personal Information

- Full Name: _____
- Date of Birth (DD/MM/YYYY): _____
- Gender: ☐ Male ☐ Female ☐ Other
- Contact Number: _____
- Email Address: _____

2. Employment History

- Current Bar/Establishment Name: _____
- Position Held: _____
- Years of Experience: _____
- Past Workplaces (if any):
 1. _____
 2. _____
 3. _____

3. Skills & Certifications

- Bartending Certifications (if any):
 - ☐ Certified Mixologist ☐ Advanced Bartending ☐ Other: _____
- Specialty Drinks You Can Prepare:
 - _____
 - _____
 - _____
- Languages Spoken: _____

4. Work Preferences

- **Shifts Preferred:**
☐ Morning ☐ Evening ☐ Night ☐ Weekends Only ☐ Rotational
- **Work Authorization (if required):** ☐ Yes ☐ No
- **Expected Salary/Hourly Rate (Optional):** _____

5. Emergency Contact

- **Name:** _____
- **Relationship:** _____
- **Contact Number:** _____

6. Declaration

I declare that the information provided above is accurate and complete.

Signature: _____

Date: _____