APPLICATION FOR EMPLOYMENT

POSITION	AVAILABILITY — PLEASE FILL IN THE BLANK FOR WHEN AVAILABLE											
FRONT OF HOUSE O SERVER O BARTENDER O BUSSER O EXPEDITOR O HOST O CASHIER O OTHER:	E BACK OF HOUSE O GRILL KITCHEN O THEATRE KITCHEN O PREP KITCHEN O DISH MACHINE OPERATOR O JANITORIAL O OTHER:		SHIFT MORNING (PF DAY (9:30AM - NIGHT (4PM -	MON O		WED O	THU O O	FRI O	SAT O O	SUN		
BASIC INFORMATION			FULL TIME PART TIME (4+ DAYS) (3 DAYS)			ΙE	DATE YOU CAN START: / /					
FULL NAME						- EDU(CATION					
PHONE NUMBER			LEVEL HIGH SCHOOL	SCHOOL NAME/LOCATION			DEGREE/CERTIFICATE			DATES AT	TENDED	
EMAIL			COLLEGE									
REFERRED BY OVER 16 OVER 18 OVER 21			OTHER TRAINING									
		:	- EMPLOYMENT STARTING WITH THE M	STORY DST RECENT		:						
COMPANY		NY			c	COMPANY						
SUPERVISOR SUPERV			VISOR				SUPERVISOR					
HONE # PHONE			#			P	PHONE #					
OB TITLE/DUTIES JOB TI			TLE/DUTIES			1	JOB TITLE/DUTIES					
ADDRESS			SS			Ā	ADDRESS					
/ / to / / DATES WORKED (DD/MM/YY) / DATES			/ to / / WORKED (DD/MM/YY)				/ / to / / DATES WORKED (DD/MM/YY)					
REASON FOR LEAVIN	G	REASON FOR LEAVING				REASON FOR LEAVING						

PERSONAL REFERENCE PLEASE DO NOT LIST RELATIVES	LIST ANY SPECIAL SKILLS THAT YOU WOULD LIKE US TO KNOW ABOUT
NAME	
PHONE NUMBER	
ADDRESS	
HOW DO YOU KNOW THIS PERSON?	
	TELL US,
WHAT RECENT ACTIVITIES OR ACCOMPLISHMENTS HAVE YOU FOUND PARTICULARLY SATISFYING AND WHY?	ARE YOU LOOKING FOR SHORT-TERM OR LONG-TERM EMPLOYMENT? PLEASE SPECIFY:
DESCRIBE YOUR IDEAL WORK ENVIRONMENT:	DO YOU HAVE ANY TRIPS/VACATIONS PLANNED WITHIN THE NEXT THREE MONTHS? IF SO, PLEASE LIST DATES:
WHAT CAN YOU CONTRIBUTE TO THE BEAR TOOTH TEAM?	WITHIN THE PAST FIVE YEARS, HAVE YOU BEEN CHARGED WITH OR CONVICTED OF A CRIME? O YES O NO IF SO, IN WHAT STATE? PLEASE DESCRIBE:
falsified statements on this application shall be grounds for dismissal. I certify	ue and complete to the best of my knowledge and understand that, if employed, that I can perform functions of this job with or without accomodation, including
lifting regularly, stooping and bending frequently, performing repetitive hand investigation of all statements contained herein and contact with references list	motions, and remaining on my feet for long periods of time. I further authorize sted above.
SIGNATURE	/ /