

146 N. Green Bay Road Thiensville, WI 53092 Phone: (262) 242-6633 Fax: (262) 242-6765

## **Application for Employment**

(An Equal Opportunity Employer)

Today's date:			Posit	Position you are applying for:						
	Referral Source:									
Name:										
Address:										
City, State, Zip Code:										
Home phone & Area Code:										
Cell phone & Area Code:										
Email:										
Do you have	e a legal right	to work in th	s no	)						
Are you of legal age to serve alcoholic beverages?				YES	S NO	)				
When would you be available to work (list days, hours, etc.)?										
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
Hours Available										
Are you available for a limited time only?  If so, please list dates of availability:  YES						O				
Do you have reliable transportation? Y					S NO	)				
Do you have automobile insurance?  (You may be asked/required to drive your vehicle or a company vehicle for company business)						O				
Would you	be willing to	S NO	O							
Would you be willing to travel up to an hour and a half, or a 50-100 mile radius from Milwaukee to party site(s)?						)				
Are you pre	sently emplo	yed?	s NO	)						

May we contact your	present / previous	YES	NO		
Have you ever been to If yes, please ex	,	YES	NO		
Have you ever been c	onvicted of a felon	YES	NO		
Education: (list name	and location please	e)			
College:		Major:			
<b>Employment History</b>				ne most recent)	
Company Name	Contact Person	Phone #	Job Descriptio	n Years There	Why did you leave?
Describe any experier	nce in the food serv	ice field you r	nay have:	-	
J P		y			
I	l NI-				
In case of an emergency	-				
"I certify that the facts contain falsified statements on this a references listed above, any personal or otherwise, and re- agree that if I am hired; my of terminated at any time without	ned in this application ar application shall be groun and all information con- elease all parties from liab employment is for no def	e true and comple nds for dismissal. cerning my previo ollity for any dama	ete to the best of my kno I authorize investigations employment, and a ge that may result from	wledge, and unders on of all statements ny pertinent inform furnishing same to y	stand that if employed, s contained herein, the nation they may have, you. I understand and
Signatu	re:				
Date:					

If so, where?