



44 North

AMERICAN GASTROPUB

RIVER PRAIRIE CENTER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Date of application: \_\_\_/\_\_\_/\_\_\_

Location Applying \_\_\_\_\_

### PLEASE PRINT

Position(s) applied for:  Bartender  Management  Mechanic  Other \_\_\_\_\_  
 Cook  Bowling  Dishwashers  
 Wait Staff  Host  Busser

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address (Street): \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

(Apt. #): \_\_\_\_\_ Best time to call: \_\_\_\_\_ a.m. or p.m.

(City, State, Zip) \_\_\_\_\_

Are you 18 years of age or older?  Yes  No If no, how old? \_\_\_\_\_

Have you ever worked at a bowling center before?  Yes  No

If yes, please give location(s) and dates: \_\_\_\_\_

Are you physically or otherwise unable to perform specific kinds of work?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No Felony convictions do not automatically bar employment, and will be considered only if there is a substantial relationship to the circumstances of a particular job or bondability is required.

If yes, please describe: \_\_\_\_\_

Employment sought:  Full Time  Part Time Date you can start \_\_\_/\_\_\_/\_\_\_  
Pay rate / salary expected \$ \_\_\_\_\_ per \_\_\_\_\_  
Total hours available per week: \_\_\_\_\_ Type of transportation to / from work: \_\_\_\_\_

Hours available for work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM:							
TO:							

Hours unavailable:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM:							
TO:							

If applying for:

<b>Bartender</b>	Bartending Experience	<input type="checkbox"/> Yes <input type="checkbox"/> No	Responsible Bev Server Course	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Bartender's License	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grill Experience	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Cook</b>	Grill Experience	<input type="checkbox"/> Yes <input type="checkbox"/> No	Banquet Experience	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Food Handler's Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Catering Experience	<input type="checkbox"/> Yes <input type="checkbox"/> No
	State Sanitation Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Bowling</b>	Experience w/pinsetters	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of pinsetters?	<input type="checkbox"/> AMF <input type="checkbox"/> Brunswick
	Formal Training / School	<input type="checkbox"/> Yes <input type="checkbox"/> No	Electronic Scorers	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Lane Dressing Experience	<input type="checkbox"/> Yes <input type="checkbox"/> No	Control Counter Experience	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Wait Staff</b>	Wait Staff Experience	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Host</b>	Host Experience	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## Education

(circle last year completed):

Elementary / High School  
5 6 7 8 9 10 11 12

College  
1 2 3 4

Graduate Level  
1 2 3 4

Military Reserve obligation  Yes  No Describe \_\_\_\_\_

## Employment History (List most recent / current job first)

If still employed, may we contact current employer? Yes No

Company name _____	Job title _____
Location _____	Job duties _____
Phone # _____	_____
Supervisor _____	Wage / Salary (start) _____ per _____
Dates worked (start) _____ (end) _____	(finish) _____ per _____
Reason for leaving	Quit (explain) _____
	Terminated (explain) _____
	Other (explain) _____ May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Company name _____	Job title _____
Location _____	Job duties _____
Phone # _____	_____
Supervisor _____	Wage / Salary (start) _____ per _____
Dates worked (start) _____ (end) _____	(finish) _____ per _____
Reason for leaving	Quit (explain) _____
	Terminated (explain) _____
	Other (explain) _____ May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Company name _____	Job title _____
Location _____	Job duties _____
Phone # _____	_____
Supervisor _____	Wage / Salary (start) _____ per _____
Dates worked (start) _____ (end) _____	(finish) _____ per _____
Reason for leaving	Quit (explain) _____
	Terminated (explain) _____
	Other (explain) _____ May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No

## Personal References

1. Name: \_\_\_\_\_  
Phone Days: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
Phone Eves: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

2. Name: \_\_\_\_\_  
Phone Days: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
Phone Eves: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this company is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of the company specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or employment interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date