

# BEEHIVE GRILL APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex religion, disability or national origin.

Referred By:

Date / /

## Employment Desired

| Position  | Date You Can Start                                       | Salary Desired                               | When Can You Work?          |
|---|--|--|-----------------------------|
| Are you employed now?<br>YES  | NO <input type="checkbox"/> YES <input type="checkbox"/> | If so, may we contact your present employer? | NO <input type="checkbox"/> |
| Have you ever applied to this company before? YES   | NO <input type="checkbox"/>                              | When?  |                             |
| Have you ever been convicted of a criminal offense (felony or misdemeanor, not including traffic offense)? YES <input type="checkbox"/> NO <input type="checkbox"/> |  |  |                             |
| If "Yes", explain: _____  |  |  |                             |
| Are you of legal age to serve Alcohol? YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |  |                             |
| If hired, can you provide written evidence that you are authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>                    |  |  |                             |

## Personal Information

|   |               |                       |
|---|---------------|-----------------------|
| Last Name                                       | First Name    | Middle Name           |
| Address (number, Street, City, State, Zip Code) |               |                       |
| Social Security Number                          | Date of Birth | Home Telephone Number |
|   |               | Email                 |

## Education

|  |  |                             |
|--|--|-----------------------------|
| High School Attended and Location                              | Did you graduate   | No <input type="checkbox"/> |
|  | Yes <input type="checkbox"/>                             |                             |
| College Attended and Location                                  | No. of Years Completed Did you graduate                  | Degree                      |
|  | Yes <input type="checkbox"/> No <input type="checkbox"/> |                             |
| Trade, Business or Correspondence School Attended and Location | No. of Years Completed Did you graduate                  |                             |
|  | Yes <input type="checkbox"/> No <input type="checkbox"/> |                             |

## General

Special Courses or Training

Experience/Skills Related to the Position for Which You Are Applying

## Employment History (list Present or Most Recent Positions First)

|   |                              |   |              |
|---|------------------------------|---|--------------|
| Name of Employer                          |                              | Address (Number, Street, City, State, Zip Code) |              |
| Phone                                     | Department                   | Your Position                                   |              |
| Duties                                    |                              |   |              |
| Name and Position of Immediate Supervisor |                              |   |              |
| Date Employed (Day, Month, Year)          | Date Left (Day, Month, Year) | Starting Salary                                 | Final Salary |
| Reason for Leaving                        |                              |   |              |

|   |                              |   |              |
|---|------------------------------|---|--------------|
| Name of Employer                          |                              | Address (Number, Street, City, State, Zip Code) |              |
| Phone                                     | Department                   | Your Position                                   |              |
| Duties                                    |                              |   |              |
| Name and Position of Immediate Supervisor |                              |   |              |
| Date Employed (Day, Month, Year)          | Date Left (Day, Month, Year) | Starting Salary                                 | Final Salary |
| Reason for Leaving                        |                              |   |              |

|   |                              |   |              |
|---|------------------------------|---|--------------|
| Name of Employer                          |                              | Address (Number, Street, City, State, Zip Code) |              |
| Phone                                     | Department                   | Your Position                                   |              |
| Duties                                    |                              |   |              |
| Name and Position of Immediate Supervisor |                              |   |              |
| Date Employed (Day, Month, Year)          | Date Left (Day, Month, Year) | Starting Salary                                 | Final Salary |
| Reason for Leaving                        |                              |   |              |

State any additional information you feel may be helpful to us in considering your application.

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**Other References**

|      |       |            |
|------|-------|------------|
| Name | Phone | Occupation |
| Name | Phone | Occupation |
| Name | Phone | Occupation |

**PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE POSITION YOU ARE APPLYING FOR:**

What does good customer service mean to you in the position you are applying for?

Describe what it means to be doing a good job in the position you are applying for:

What do you feel is (or would be) the most difficult part of this position?

I certify that the information provided is true and correct.

Signature \_\_\_\_\_