



# APPLICATION *for* EMPLOYMENT

We are an equal opportunity employer. It is the policy of this establishment to provide employment, training, and compensation of employment without regard to race, color, religion, national origin, sex, age, disability, marital status, ancestry, or sexual orientation. All applicants must complete this complete form. If you have a printed resume, please submit it with this completed form. This application will stay active for a period of ninety (90) days. Applicants are welcome to re-apply after ninety (90) days.

TODAY'S DATE → \_\_\_\_\_

## PERSONAL INFORMATION All information in this section is required. Please do not leave ANY items blank.

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

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) - \_\_\_\_\_ Mobile Phone ( \_\_\_\_\_ ) - \_\_\_\_\_

Email \_\_\_\_\_ What is the best way to contact you? **Email**  **Phone**

PLEASE PRINT LEGIBLY & VERIFY ADDRESS IS CORRECT

What position(s) you are applying for? \_\_\_\_\_

What type of employment are you seeking? (Check all that apply) **Full Time**  **Part Time**  **Temporary/Seasonal**

How many hours per week do you wish to work? \_\_\_\_\_ How much do you desire to earn weekly (including tips)? \$ \_\_\_\_\_

Have you previously held a position in a full-service restaurant? **Yes**  **No**  List positions held: \_\_\_\_\_

If "Yes", what type of beverage service have you worked with? **Full Bar**  **Beer & Wine Only**  **No Alcohol Service**

Have you been previously employed by this establishment? **Yes**  **No**  Have you ever applied here previously? **Yes**  **No**

Are you legally eligible for employment in the U.S.? **Yes**  **No**  Are you 21 years old or older? **Yes**  **No**

Have you completed an alcohol service training program such as B.A.S.S.E.T.? **Yes**  **No**

Are you certified in food service sanitation in Illinois? **Yes**  **No**  Do you have a current Illinois Food Handlers Card? **Yes**  **No**

If you speak any other languages other than English, please list them: \_\_\_\_\_

Have you used an illegal drug within the last 6 months? **Yes**  **No**  Have you ever used an illegal drug? **Yes**  **No**

Have you ever been convicted of an alcohol/drug related offense? **Yes**  **No**  If "Yes", Explain: \_\_\_\_\_

Are you a High School Graduate? **Yes**  **No**  If "Yes", What High School? (Name, City, State): \_\_\_\_\_

Did you attend or are you currently attending college? **Yes**  **No**  If "Yes", how many years did you complete? \_\_\_\_\_

What college or colleges have you attended? \_\_\_\_\_

Have you earned a college degree? **Yes**  **No**  If "Yes", describe: \_\_\_\_\_

Do you have any physical condition that may prevent you from doing your job duties, including lifting? **Yes**  **No**

Do you consent to allow us to conduct a criminal background check and/or drug testing? **Yes**  **No**

## EMPLOYMENT APPLICATION ESSAY This section is **required**. Attach a separate page if you need additional space.

A) What three words best describe you? 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

B) Why have you chosen to apply at The Bavarian Lodge rather than another full-service restaurant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY** List employers starting with the most recent. Must be completed regardless of attached resume.

Employer (Name of Business) \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Were you fired from this position? Yes  No   
May we contact this employer for a reference? Yes  No  Contact Name: \_\_\_\_\_

Employer (Name of Business) \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Were you fired from this position? Yes  No   
May we contact this employer for a reference? Yes  No  Contact Name: \_\_\_\_\_

Employer (Name of Business) \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Were you fired from this position? Yes  No   
May we contact this employer for a reference? Yes  No  Contact Name: \_\_\_\_\_

→→→ How many jobs **NOT** listed above have you held in the past five years? \_\_\_\_\_

**YOUR AVAILABILITY** This section absolutely **MUST** be completed. Please list all scheduling/availability concerns here.

Fill in the hours you are available to work in the table below. Please note that we are closed most major holidays and for about two weeks during the summer for vacation. **All** employees are expected to be available to work on Valentine's Day, Easter Sunday, Mother's Day, Father's Day, and New Year's Eve, with no exceptions made, regardless of the day of the week. We are closed every Monday and Tuesday.

	<b>WEDNESDAY</b> (KITCHEN OPENS @ 4 PM)	<b>THURSDAY</b> (KITCHEN OPENS @ 4 PM)	<b>FRIDAY</b> (KITCHEN OPENS @ 4 PM)	<b>SATURDAY</b> (KITCHEN OPENS @ 12 PM)	<b>SUNDAY</b> (KITCHEN OPENS @ 12 PM)
Available:					

How many days per week are you looking to work? \_\_\_\_\_  
What date can you begin working? \_\_\_\_\_ Will this be a primary or secondary job? Primary  Secondary   
It is difficult to get Fridays & Saturdays off during the fall and winter months. Might this be problematic for you? Yes  No   
If there are any other schedule considerations you would like us to know, including hours at other jobs or school, please tell us about them here: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT AGREEMENT** Read the following statement carefully, then sign and date this application below.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except an officer of the company, who may do so only in writing. I have read, understand, and agree to the above.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_