

# BEEFALO BOB'S INC.

## Employment Application



### APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available		Date of Birth (year optional)      /      /		
Position Applying for			Desired Salary:	
Are you duly authorized to work in the United States?   YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever applied to work here before?   YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?				
Have you ever been convicted of a felony (which has not been expunged or sealed)?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain:				
Do you have a valid driver's license? (For positions that may involve driving)      YES <input type="checkbox"/> NO <input type="checkbox"/>				
We do not discriminate on the basis of race, age, color, religion, sex, disability, national origin, or based on any other group or characteristic prohibited by federal or local statute.				

### EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

### REFERENCES

*Please list three professional references.*

Full Name		Relationship
Company		Phone (      )
Full Name		Relationship
Company		Phone (      )
Full Name		Relationship
Company		Phone (      )

**MOST RECENT / PREVIOUS EMPLOYMENT**

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
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**ADDITIONAL QUESTIONS**

What days / hours would you be available?

Why would you like to become a member of our team?

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. Any knowledge of Company obtained during an interview will remain strictly confidential. If this application leads to employment, I understand that any false or misleading information in my application or interview may result in legal action and my immediate release.

Signature

Date