

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 (Month & Day Only Please)		month / day
Position Applying for		Desired Salary:	
Are you legally eligible to work in the US? YES <input type="checkbox"/> NO <input type="checkbox"/> Are you able to provide proof of citizenship/Visa? 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	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Trade school/Other	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
Please list three previous supervisory 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?

ISCLAIMER AND SIGNATURE

If you are to be hired by the company, you will be required to attest to and present *documents confirming your identity and employment eligibility*. **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, regardless of when discovered by the Company. I understand that any employment is conditioned on a *background check*. I authorize the Company to thoroughly *investigate* all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure. If I am offered employment, I agree to submit to *drug testing* if required before starting work. If I am hired, I understand as a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

Signature	Date
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