

Application for Employment

ATTACH PHOTO AFTER HIRING

8653 U.S. 51 NORTH
MINOCQUA, WI 54548
(715) 356-6270

411 HWY. 13
WISCONSIN DELLS, WI 53965
(608) 254-8717

(PLEASE PRINT)

DATE OF INTERVIEW

PAUL BUNYAN RESTAURANTS

☐ WP ☐ I-9 ☐ W4 ☐ R & R DATE HIRED _____

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

NAME _____ LAST _____ FIRST _____ MIDDLE _____

SOCIAL SECURITY NUMBER _____ / _____ / _____

ARE YOU UNDER 18 YEARS? _____ If Yes... _____

AGE INFO DURING INTERVIEW

DATE OF BIRTH _____

CURRENT AGE _____

HOME ADDRESS _____ HOME PHONE (____) _____

ZIP _____ CELL PHONE (____) _____

PRESENT or SCHOOL ADDRESS _____ EMAIL ADDRESS _____

ZIP _____ PHONE (____) _____

SUMMER ADDRESS _____

ZIP _____ PHONE (____) _____

REFERRED BY _____

WHAT METHOD OF TRANSPORTATION WILL YOU USE TO GET TO WORK? _____

Available to work ☐ Full Time ☐ Part Time

Specify days and hours if part-time _____

PRESENT MILITARY STATUS _____

HOBBIES, SKILLS, TALENTS: _____

EMPLOYMENT INFORMATION POSITION DESIRED (1) _____ (2) _____ SALARY ANTICIPATED _____

WHEN CAN YOU START? _____ MUST LEAVE? _____ SCHOOL STARTS? _____

EMPLOYED NOW? _____ WHERE? _____ TYPE OF WORK? _____

HAVE YOU WORKED HERE BEFORE? _____ WHEN and WHAT TYPE OF WORK? _____

EXPLAIN ANY SCHEDULING LIMITATIONS _____

HAVE YOU ANY SUMMER COMMITMENTS REQUIRING YOUR TIME? EXPLAIN _____

LOCATION DESIRED ☐ MINOCQUA ☐ WISCONSIN DELLS

FOR OFFICE USE ONLY

DATE STARTED _____

DATE ENDED _____

EMPLOYEE NO. _____

DEPT. _____

Kitchen Bar Dining Rom. Other

EDUCATIONNAME and LOCATION
of SCHOOLYEARS
ATTENDEDDATE
GRADUATEDSUBJECTS
STUDIED

HIGH SCHOOL			
COLLEGE			
TRADE, BUS., OR OTHER			

WHAT FOREIGN LANGUAGE(s) DO YOU SPEAK? _____ READ? _____ WRITE? _____

FORMER EMPLOYERS:

LIST YOUR LAST TWO EMPLOYERS, STARTING WITH LAST ONE FIRST

WHEN
MONTH/YEARNAME and ADDRESS
of EMPLOYERSALARY
POSITIONREASON
LEFTFrom
ToFrom
To

REFERENCES:

OTHER THAN RELATIVES or EMPLOYERS

NAME

ADDRESS

BUSINESS

YEARS ACQUAINTED

1)

2)

3)

Do you have any physical or medical impairment ☐ Yes ☐ No
or disability that would limit your job performance in
the position for which you are applying? If yes . . . this will be discussed in confidence during interview.

IN CASE OF EMERGENCY - NOTIFY _____
(This item after hiring) NameSIGNATURE OF PARENT or GUARDIAN For Minors Only _____
Address Phone

The information given is accurate to the best of my knowledge and I authorize investigation of all statements in this application. I also understand that there are operational, conduct and personal appearance rules and regulations set out by the management of the Paul Bunyan, and that they must be followed.

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

SIGNATURE OF APPLICANT _____ DATE _____

We are interviewing _____ at Minocqua

for both locations on: _____ at Wisconsin Dells

Return this form by mail ☐Return this form with you ☐