2000 LONG BRIDGE ROAD DETROIT LAKES, MN 56501



PHONE 218.847.1949 EMAIL MATT@LONGBRIDGEDL.COM

AN EQUAL OPPORTUNITY EMPLOYER **APPLICATION FOR EMPLOYMENT**

RESUMES ARE WELCOME; HOWEVER, 100% COMPLETION OF THIS APPLICATION WOULD BE APPRECIATED.

GENERAL							
DATE:		S	SOCIAL SECURITY #:				
Month	Day	Year					
NAME:				Middle Last			
·				idaic		Last	
PRESENT ADDRESS:Street or PO Box					City	State	Zip
PERMANENT ADDRESS	ς.				·		·
(Your W-2s will be sent here)	O	Street or I			City	State	Zip
PHONE NUMBERS:							
	Current Home Phone			Cell Pho	one	Other Phone	e (seasonal)
BIRTH DATE:	IRTH DATE:			(Necessary for handling alcohol)			
Month	า	Day	Year				
WHAT/WHO SPARKED	YOUR IN	ITEREST IN	I APPLYING	AT LONG BRI	DGE?		
WILL YOU SUBMIT TO	A DRUG 1	rest?[]	YES []N	0			
ARE YOU LEGALLY ABI					-		
HAVE YOU EVER APPL	IED TO TI	HIS COMPA	ANY BEFOR	RE?[]YES	. JNO IF YES	S, WHEN:	
POSITION(S) DES	IDED						
FRONT OF THE HOUSE	E: [] SEF	RVER []	BARTENDE	ER []BUSS	ER [] FUL	L TIME	
BACK OF THE HOUSE:	[] LINE	COOK [] DISHWAS	SHER [] PRI	EP COOK [] PART TIME	
Due to the extreme increase in	husings he	atween Memor	ial Weekend a	ad Lahor Day Wee	kend it is imperativ	ve we build a team tha	at is committed
to being available during this til				•	•		
available at our discretion:							
Memorial Weekend (Friday thro	u Monday)						
July 4th (The week surrounding	- ,						
We Fest (Thursday thru Saturo	lay)						
Water Carnival Week (Monday	thru Sunday	<i>(</i>)					
Labor Day Weekend (Friday th	ru Monday)						
If you have conflicts with any or	f these dates	s, or if you have	e any vacations	s/trips planned for	this summer, pleas	se explain:	
·		-	-				
Please acknowledge that you u	inderstand o	our staffing nee	eds during the	summer season wi	th your initials:		

EDUCATION HIGH SCHOOL: Please circle highest grade that you will have completed by this spring: 10 Graduated/GED COLLEGE/OTHER: _ Name of School # of Years/Degree? Major Name of School Major # of Years/Degree? **EXPERIENCE** Please list work history beginning from your current or most recent place of employment. PRESENT EMPLOYER (OR MOST RECENT): Name of Company City & State Position Supervisor Name & Title Dates of Employment (month/year) Hourly Wage/Salary Reasons for Leaving PREVIOUS EMPLOYER: Name of Company City & State Position Supervisor Name & Title Dates of Employment (month/year) Hourly Wage/Salary Reasons for Leaving PREVIOUS EMPLOYER: Name of Company City & State Position Supervisor Name & Title Dates of Employment (month/year) Hourly Wage/Salary Reasons for Leaving APPLICATION STATEMENT I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

Signature of Applicant Date EMERGENCY CONTACT Name Phone Number

IF YOU AGREE TO THE APPLICATION STATEMENT, PLEASE ACKNOWLEDGE WITH YOUR INITIALS: _