



BEEBs & BUBs - APPLICATION FOR EMPLOYMENT
7 West High Street, Lawrenceburg, Indiana 47025 • 812-577-0207

THIS APPLICATION WILL BE KEPT ON FILE FOR 90 DAYS, IF YOU HAVE NOT HEARD FROM US AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, YOU NEED TO FILL OUT A NEW APPLICATION.

APPLICANTS ARE SUBJECT TO BE TESTED FOR ILLEGAL DRUGS
PLEASE PRINT **FILL OUT ALL QUESTIONS**

DATE: _____

NAME _____
LAST FIRST M/I

ADDRESS _____
NO. STREET CITY STATE ZIP

How long at this address _____ Previous Address _____

Telephone # _____ Cell # _____

Email Address _____

If under 18, please list age _____

EMPLOYMENT AVAILABILITY

Date available _____ # hours per week # days per week _____

Can you work weekends? _____ Can you work both days/nights? _____

Do you have any experience working in a restaurant? _____ If Yes, List _____

Do you have a reliable and consistent vehicle to get to work? _____

Have you had any accidents or moving violations in the past 3 years? How many? _____

Explain _____

EDUCATION

Name of High School Location _____

Last grade completed Graduate/GED _____

Vocational School _____

Location Course Completion _____

_____ College _____ Location _____

Are you currently enrolled in school? _____

ADDITIONAL QUALIFICATIONS YOU THINK WE SHOULD KNOW ABOUT:

WHAT PERSONAL QUALITY'S DO YOU THINK WE SHOULD KNOW ABOUT THAT WOULD MAKE YOU THE RIGHT TEAM MEMBER?

Have you ever been convicted or arrested for a crime? _____ If yes, give details of what & when. _____

MILITARY

Have you ever been or are you now in the Armed Forces or the National Guard? _____

Specialty Discharge date _____

WORK HISTORY

Please list employers for the past five years, **beginning** with your current position.

Employer _____ Phone _____
Address _____
Position _____ Title _____
Salary/Rate of Pay _____ Supervisor _____
Date (Month) of Work Start/End _____
Reason for leaving _____
May we Contact? _____ If no, why? _____

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Employer _____ Phone _____
Address _____
Position _____ Title _____
Salary/Rate of Pay _____ Supervisor _____
Reason for leaving _____
May we Contact? _____ If no, why? _____

.....
Employer _____ Phone _____
Address _____
Position _____ Title _____
Salary/Rate of Pay _____ Supervisor _____
Date (Month) of Work Start/End _____
Reason for leaving _____
May we Contact? _____ If no, why? _____

I certify that the information contained in this application is correct to the best of my knowledge and I understand that falsification of this information or deliberate omission of a material fact in my application is grounds for refusal to hire, or if hired, dismissal.

WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. Applicants are considered for a position` without regard to race, color, religion, sex, national origin, age, marital status, veteran status or handicap.

SIGNATURE of Applicant _____