

PRINT NAME: _____

POSITION: _____



Application for Employment

Dear Applicant:

Welcome to the South 40 Restaurant Lounge & Casino and the Winner's Pub Sports Bar and Casino. Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests.

We prefer a work environment in which:

- Good enough isn't.
- Business is done in a professional and orderly manner.
- Honesty and integrity are valued.
- Service is provided in a happy and professional manner.
- We will provide legendary service – the unique and powerful sort of personal care and attention that our guests tell stories about.
- Everyone is capable of being an A+ player.

If this feels like an environment for you, please complete the application.

IMPORTANT NOTE: If you are filling out this application online- please download the form to your computer and use the Adobe Acrobat Reader (version XI or higher) to fill out the form and save. You will **LOSE** your information if you fill out the form using your browser or an older version of Adobe Acrobat Reader. If using a smart phone or tablet use the Adobe Acrobat Reader app to fill out and email. The app may be downloaded for free in the App store.

South40/Winner's Pub - Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status, physical or mental disability, creed, marital status, or any other legally protected status.

**** PLEASE PRINT CLEARLY & MAKE SURE YOU READ NOTE ON 1st PAGE ****

Position(s) applied for _____ Date _____

How did you find out about this job? Newspaper Employee Walk-in Other _____

Why are you seeking a new job at this time? _____

Applicant Information

First Name _____ Middle _____ Last _____

Street Address _____

City/State/Zip _____ Landline Phone _____

Cell Phone _____ Cell Phone Carrier: _____

Email address: _____

If hired, do you have a reliable means of transportation to get to work? _____ Describe _____

Are you able to legally serve alcohol in the state of Montana? Yes No

Have you attended Liquor Certification Class?: Yes No If yes, please provide copy of certificate of completion. If no, certification is mandatory within 90 days of employment as per State Law for any employee who serves alcoholic beverages on site. Training will be provided.

Are you legally eligible for employment in the U.S.? _____ (Proof of U.S. citizenship or immigration status is required if hired.)

Have you been convicted of a felony? Yes No If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

List any special skills or training: _____

Employment Information

Are you seeking full time, part time or temporary employment? _____

If seeking temporary employment, what would be your last day available for work? _____

What hours and shift(s) would you prefer to work? _____

List times you are not available to work? _____

Are you willing to work overtime? _____ Weekends? _____ Holidays? _____

Are you currently employed? _____ If hired, when would you be able to start? _____

Have you ever worked for this organization before? _____ If yes, name used: _____

List any friends or acquaintances employed by this company: _____

Have you ever been discharged or asked to resign from any position? _____ If yes, please describe: _____

Education (enter highest level achieved)

Elementary: (1-8) _____ Secondary: 9- 12 G.E.D _____

Name of School: _____ Name of School: _____

Location of School: _____ Location of School: _____

If in high school, are you enrolled in a recognized co-op program? Yes No

If yes, identify program and school: _____

College: 1-8 _____

Name of School: _____

Location of School: _____

Degree & Major: _____

Minor: _____

Work History (please begin with most recent)

1. Company _____ Phone No. with Area Code _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____
2. Company _____ Phone No. with Area Code _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____
3. Company _____ Phone No. with Area Code _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____
4. Company _____ Phone No. with Area Code _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____
5. Company _____ Phone No. with Area Code _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____

Explain any gaps in employment: _____

May we contact the employers listed previously? _____ If not, list the employers you do not wish us to contact and why:

Emergency Information

Please list 2 people that we should contact on your behalf in case of an emergency.

Name _____ Relationship _____
Telephone Number _____ Cell Number _____

Name _____ Relationship _____
Telephone Number _____ Cell Number _____

Authorizations

(Please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

Signature _____ Date _____

Name (please print) _____

OFFICE USE ONLY:

STARTING DATE: _____

STARTING WAGE: _____

EMPLOYEE NUMBER: _____