



# PAUL BUNYAN'S

## EMPLOYMENT APPLICATION

411 State Hwy 13 S | Wisconsin Dells, WI 53965 | dellspaulbunyan.com  
 (608) 254.8717 | dellspaulbunyan.com

### FOR OFFICE USE ONLY

Email Us Your Form

Date Interviewed: \_\_\_\_\_  
 Date Hired: \_\_\_\_\_  
 Date Started: \_\_\_\_\_  
 Date Ended: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Restaurant:  Kitchen  Dining  Gift Shop  Other  
 Lumberjack Show:  Tickets/Concessions

TODAY'S DATE: \_\_\_\_\_

### APPLICANT INFORMATION

Last Name		First		M.I.	D.O.B.
Social Security Number		_____/_____/_____		Are you under 18 years? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Home Address		If yes, current age			
City		State	ZIP		
Home Phone		Cell Phone			
Summer Address <i>(if different from Home Address)</i>					
City		State	Zip		
<b>International Students Address:</b> Building # and Street or Road Name		Place/Locality			
Province State, Dept & Postal Code <i>(if appropriate)</i>		Country/Post Code			
Email Address		Referred By			
Date Available		Date Must Leave		School Start Date	
Position Desired		Desired Wage/Salary		\$	
Available to work		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		Wknds Spring <input type="checkbox"/> Wknds Fall <input type="checkbox"/>	
Specify Days & Hours if Part-time					
Are you employed now?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where?	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Do you have any scheduling limitations?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, explain	
Do you have any summer commitments?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, explain	
Are you CPR Certified?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a Bartender's License?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
What are your hobbies, skills, talents?					
What method of transportation will you use to get to work		Car <input type="checkbox"/>	Bike <input type="checkbox"/>	Walk <input type="checkbox"/>	Ride Share <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Do you have any physical/medical impairment or disability that would limit your job performance in the position for which you are applying?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, this will be discussed in confidence during interview	
In Case of Emergency, please contact:		Name:			Relationship to you:

### OFFICE NOTES:

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<b>EDUCATION</b>				
Name & Location of School	Years Attended	Date Graduated	Subjects Studied	
High School				
College				
Other				
Do you speak any foreign language(s)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what?	

<b>REFERENCES - <i>References other than Relatives or Employers</i></b>			
1. Name	Business Address	Business Name	Years Acquainted
2. Name			
3. Name			

<b>PREVIOUS EMPLOYMENT - <i>List your last two employers, starting with the last one first</i></b>				
Company			Phone	
Address			Supervisor	
Job Title		Starting Wage/Salary	\$	Ending Wage/Salary \$
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 Wage/Salary	\$	Ending Wage/Salary \$
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

<b>MILITARY SERVICE</b>		
Branch	From	To

<b>DISCLAIMER AND SIGNATURE</b>	
<p>I certify that 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 is operational, conduct and personal appearance rules and regulations set out by the management of the Paul Bunyan, and that they must be followed.</p> <p>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.</p>	
Signature	Date
Signature of Parent or Guardian (for minors only)	Date
<p><b>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.</b></p>	