

First Name:	Last Nam	e:	
Current Address:	City:	State:	Zip Code:
Permanent Address:	City:	State:	Zip Code:
Current Phone Number:	Permanent Ph	one Number:	
Cell Phone Number:	Email Address	:	
Have you ever been employed by Bu	ıffaLouie's in the past?	Y or N	
If so, dates of employment:	Reason	for leaving:	
Are you legally eligible for work in th	ie United States? Y or N	(if hired, verificatio	n is required by law)
Have you been convicted of a crime public record (an arrest is not a conviction).	•		
Are you of legal age to serve alcohol	? Yor N		
Do you have reliable means of transp	portation to work? Y or N		
What position(s) are you applying fo	r?		
If applying for Delivery Driver, have y	ou been involved in a mov	ing vehicle violat	ion in the last 7 years?
Y or N (BuffaLouie's will check the motor vodriving is an essential job function) If yes, p			
What skills do you have that are app	licable to position(s) applie	d for?	
Date available for employment:			
If hired, how long do you plan to be	employed by BuffaLouie's?		
How many hours are you able to wo	rk per week?	(BuffaLouie's is one	n for business 7 davs a week



Do you have	any regularly	scheduled or intermittent obligations that may affect your availability to)
work?	Y or N	If yes, please list:	

Specify hours available each day of the week:

Monday	Tuesday	Wednesda y	Thursday	Friday	Saturday	Sunday

Education	Name and Address of School	Last Year completed	Did you Graduate?	Subjects studied, Degrees received
High School		1 2 3 4	Y or N	
College		1 2 3 4	Y or N	
Post College		1 2 3 4	Y or N	
Trade, business or correspondence school		1 2 3 4	Y or N	

Employment History (Provide information for your last 3 e	employers starting with the most recent. If never employed, list any volunteer activities
Employer 1:	Supervisor:
Position held:	Dates (From: To)
Location:	Phone number:
Last rate of pay:	Reason for leaving:

Are you eligible for rehire? Y or N

Employer 2:	_Supervisor:
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Position held:	Dates (From: To)	
Location:	Phone number:	
Last rate of pay:	Reason for leaving:	
Ana vavaliaible for rebine? V or N	-	



Employer 3:	Supervisor:		
Position held:			
	Phone number:		
	Reason for leaving:		
Are you eligible for rehire? Y or N	-		
Personal References			
Name:	Phone number:		
Occupation:		Years acquainted:	
Name:	Phone number:		
Occupation:			
Name:	Phone number:		
Occupation:	Relationship:		