



120 Dell Centr  Way
 Union, Mo 63084
 636.583.BOWL

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Date of application: ___/___/___

- Position(s) applied for:
- Bartender Management Mechanic
 Cook Dishwasher Other _____
 Wait Staff Front Desk

Last Name: _____ First Name: _____ Middle Initial: _____

Address (Street): _____ Phone #: (____) ____ - _____
 (Apt. #): _____ Best time to call: _____ am or pm
 (City, State, Zip) _____

Are you 18 years of age or older? Yes No If no, how old? _____

Have you ever worked at a bowling center before? Yes No

If yes, please give location(s) and dates: _____

Are you physically or otherwise unable to perform specific kinds of work? Yes No

If yes, please explain: _____

Have you ever been convicted of a felony? Yes No

If yes, please describe: _____

Employment sought: Full Time Date you can start ___/___/___
 Part Time Pay rate / salary expected \$ _____ per _____
 Total hours available per week: _____ Type of transportation to / from work: _____

Hours available for work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM:							
TO:							

Hours unavailable:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM:							
TO:							

If applying for:

Bartender	Bartending Experience <input type="checkbox"/> Yes <input type="checkbox"/> No	Responsible Bev Server Course <input type="checkbox"/> Yes <input type="checkbox"/> No
	Bartender's License <input type="checkbox"/> Yes <input type="checkbox"/> No	Grill Experience <input type="checkbox"/> Yes <input type="checkbox"/> No
Cook	Grill Experience <input type="checkbox"/> Yes <input type="checkbox"/> No	Banquet Experience <input type="checkbox"/> Yes <input type="checkbox"/> No
	Food Handler's Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Catering Experience <input type="checkbox"/> Yes <input type="checkbox"/> No
	State Sanitation Certification <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mechanic	Experience w/pinsetters <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of pinsetters? <input type="checkbox"/> AMF <input type="checkbox"/> Brunswick
	Formal Training / School <input type="checkbox"/> Yes <input type="checkbox"/> No	Lane Dressing Experience <input type="checkbox"/> Yes <input type="checkbox"/> No
	Electronic Scorers <input type="checkbox"/> Yes <input type="checkbox"/> No	Control Counter Experience <input type="checkbox"/> Yes <input type="checkbox"/> No
Wait Staff	Wait Staff Experience	<input type="checkbox"/> Yes <input type="checkbox"/> No

Front Counter Customer Experience Yes No Cash Register Experience Yes No

Education

(Circle last year completed):

Elementary / High School College Graduate Level
5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

Military Reserve Obligation Yes No Describe _____

Employment History

(List most recent / current job first)

If still employed, may we contact current employer? Yes No

Company name _____	Job Title _____
Location _____	Job Duties _____
Phone # _____	_____
Supervisor _____	Wage / Salary (start) _____ per _____
Dates worked (start) _____ (end) _____	(finish) _____ per _____
Reason for leaving Quit (explain) _____	
Terminated (explain) _____	
Other (explain) _____ May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company name _____	Job Title _____
Location _____	Job Duties _____
Phone # _____	_____
Supervisor _____	Wage / Salary (start) _____ per _____
Dates worked (start) _____ (end) _____	(finish) _____ per _____
Reason for leaving Quit (explain) _____	
Terminated (explain) _____	
Other (explain) _____ May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Phone # _____	_____
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Dates worked (start) _____ (end) _____	(finish) _____ per _____
Reason for leaving Quit (explain) _____	
Terminated (explain) _____	
Other (explain) _____ May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

Personal References

1. Name: _____
Phone Days: (____) ____ - _____ Ext. _____
Phone Eves: (____) ____ - _____ Ext. _____

2. Name: _____
Phone Days: (____) ____ - _____ Ext. _____
Phone Eves: (____) ____ - _____ Ext. _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this company is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of the company specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or employment interview(s) may result in discharge.

I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date