

APPLICATION FOR EMPLOYMENT BUCKSKIN JOE FRONTIER TOWN & RAILWAY

PLEASE MAKE SURE TO FILL IN ANY AND ALL INFORMATION REQUESTED COMPLETELY AS APPLICANTS PRESENTING INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED FOR EMPLOYMENT.

PERSONAL INFORMATION:

NAME: _____
FIRST
MIDDLE
LAST

PRESENT ADDRESS: _____
STREET
CITY
STATE
ZIP

PERMANENT ADDRESS: _____
STREET
CITY
STATE
ZIP

PHONE NUMBER: _____ SOCIAL SEC. # _____

NAME AND RELATIONSHIP OF ANY RELATIVES IN OUR EMPLOY: _____ REFERRED BY: _____

EMPLOYMENT DESIRED:

POSITION APPLYING FOR: _____ DATE YOU CAN START: _____

SALARY DESIRED: _____ ARE YOU CURRENTLY EMPLOYED? _____

MAY WE CONTACT YOUR EMPLOYER? _____

HAVE YOU APPLIED WITH US BEFORE? _____ WHEN & WHERE?: _____

EDUCATION:

SCHOOL	NAME & LOCATION	GRADUATED YES OR NO	MAJOR SUBJECTS	GPA
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER (SPECIFY)				

SUBJECTS OF SPECIAL STUDY, TRAINING OR RESEARCH WORK:

PLEASE COMPLETE OTHER SIDE

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

(EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARTIAL STATUS, AGE, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS)

FORMER EMPLOYERS: LIST YOUR LAST 4 STARTING WITH THE PRESENT OR MOST RECENT

MONTH & YEAR	SUPERVISOR NAME, BUSINESS NAME, PHONE NUMBER & ADDRESS	SALARY	POSITION	REASON FOR LEAVING
FROM TO		\$ PER/		
FROM TO		\$ PER/		
FROM TO		\$ PER/		
FROM TO		\$ PER/		

REFERENCES: PLEASE LIST 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOW AT LEAST 1 YEAR

NAME	ADDRESS AND PHONE NUMBER	BUSINESS	YEARS KNOWN

IN CASE OF AN EMERGENCY, NOTIFY: _____

_____ PHONE: _____

I, AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED WITHIN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNED: _____ DATE: _____