

BULLERT HOSPITALITY GROUP, INC.

DBA: A-Town Tavern / DBA: Chef Craig's Catering
600 Sheila Drive, PO Box 426, Arlington, Minnesota 55307
(507) 964-2212

Atowntavern2020@gmail.com / Chefcraigscatering@gmail.com

Employment / Job Application

PERSONAL INFORMATION

FULL NAME: _____ TODAY'S DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL: _____ PHONE: (____) _____

DATE OF BIRTH: ____D ____M ____Y SOCIAL SECURITY NUMBER (SSN): ____-____-____

DATE AVAILABLE: _____ DESIRED PAY: \$ _____ ☐ HOUR ☐ SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME

EMPLOYMENT ELIGIBILITY

ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO*

*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? ☐ YES ☐ NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES* ☐ NO

*IF YES, WRITE THE START AND END DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES* ☐ NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____ GRADUATE? ☐ YES ☐ NO DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____ GRADUATE? ☐ YES ☐ NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____ GRADUATE? ☐ YES ☐ NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____ GRADUATE? ☐ YES ☐ NO DEGREE: _____

MILITARY SERVICE

ARE YOU A VETERAN? ☐ YES ☐ NO

BRANCH: _____ MILITARY OCCUPATION: _____

STARTING DATE: _____ ENDING DATE: _____

RANK AT DISCHARGE: _____ TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

EMPLOYMENT HISTORY

EMPLOYER #1:

SUPERVISOR NAME: _____ PHONE: (____) _____
EMAIL: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
START PAY: \$ _____ ☐ HOUR ☐ SALARY END PAY: \$ _____ ☐ HOUR ☐ SALARY
JOB TITLE: _____ START DATE: _____ END DATE: _____
RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER #2:

SUPERVISOR NAME: _____ PHONE: (____) _____
EMAIL: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
START PAY: \$ _____ ☐ HOUR ☐ SALARY END PAY: \$ _____ ☐ HOUR ☐ SALARY
JOB TITLE: _____ START DATE: _____ END DATE: _____
RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER #3:

SUPERVISOR NAME: _____ PHONE: (____) _____
EMAIL: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
START PAY: \$ _____ ☐ HOUR ☐ SALARY END PAY: \$ _____ ☐ HOUR ☐ SALARY
JOB TITLE: _____ START DATE: _____ END DATE: _____
RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

REFERENCES

REFERENCE #1: _____ RELATIONSHIP: _____
COMPANY: _____ TITLE: _____
E-MAIL: _____ PHONE: (____) _____

REFERENCE #2: _____ RELATIONSHIP: _____
COMPANY: _____ TITLE: _____
E-MAIL: _____ PHONE: (____) _____

BACKGROUND CHECK CONSENT: If asked, are you willing to consent to a background check? ☐ YES ☐ NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. To ensure this application is acceptable, please print or type with the application being fully completed for it to be considered.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE:** _____

PRINT NAME _____