



Dear Applicant:

Welcome to the Goose Blind. Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests.

We want you to understand that we also believe in living our values, some of which are;

- We believe that *"good enough"* isn't.
- We believe in doing business in a *professional* and *orderly* manner.
- We believe in *honesty* and *integrity*
- We believe that only a happy and professional staff can give the level of personal service we demand.
- We believe in the ongoing training and development of our staff and see it as a worthy *investment* in the future of the company.
- We believe in providing legendary service-the unique and powerful sort of personal care and attention that our guests tell stories about.
- We believe that everyone is capable of being an A+ player.

If this feels like an environment for you.....please complete the attached application!

Thank you for your time-

Mary Rowley  
Owner/President

Today's Date: \_\_\_\_\_  
Accepted By: \_\_\_\_\_



Office Use Only

Departments/Wages: \_\_\_\_\_  
Position: \_\_\_\_\_  
Hire Date: \_\_\_\_\_

## Employment Application

An Equal Opportunity Employer

### Personal Information

(PLEASE PRINT NEATLY!)

Name (first/middle/last): \_\_\_\_\_  
Present Address: Street/Apt# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

### Employment Information

Position applied for: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Have you ever been charged/convicted of a felony? \_\_\_\_\_

Are you 18 years or older?  Yes  No If not, state date of birth \_\_\_\_\_

Are you currently employed?  Yes  No # of hours per week you wish to work: \_\_\_\_\_

Circle the days you wish to work: Mon Tues Wed Thurs Fri Sat Sun  
am/pm am/pm am/pm am/pm am/pm am/pm am/pm

Who recommended you for this position? \_\_\_\_\_

Do you have any physical impairment which would interfere with your ability to do your job?  Yes  No  
If yes, explain: \_\_\_\_\_

Do you have any experience directly relevant to Goose Blind? \_\_\_\_\_

#### Check the kind of work you have done:

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Bartender  | <input type="checkbox"/> Host or Hostess | <input type="checkbox"/> Salad                |
| <input type="checkbox"/> Bus Person | <input type="checkbox"/> Kitchen Helper  | <input type="checkbox"/> Sandwiches           |
| <input type="checkbox"/> Chef       | <input type="checkbox"/> Manager         | <input type="checkbox"/> Typist               |
| <input type="checkbox"/> Cook       | <input type="checkbox"/> Pastry Cook     | <input type="checkbox"/> Vegetable Cook       |
| <input type="checkbox"/> Cashier    | <input type="checkbox"/> Wait Staff      | <input type="checkbox"/> Food Prep Technician |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Pot Washer      | <input type="checkbox"/> Cook Helper          |

### References

Please list the name and telephone number of three persons not related to you that you've known for at least one year for a personal reference.

1. \_\_\_\_\_ Phone Number: \_\_\_\_\_
2. \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Employment History (include restaurant related experience)

Name & Address of present or last employer: \_\_\_\_\_

Starting Date (month/year): \_\_\_\_/\_\_\_\_ Leaving Date (month/year): \_\_\_\_/\_\_\_\_ Wage \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

May we contact supervisor? \_\_\_\_\_ If yes, Telephone #: (\_\_\_\_) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_ Description of work: \_\_\_\_\_

Name & Address or present or last employer: \_\_\_\_\_

Starting Date (month/year): \_\_\_\_/\_\_\_\_ Leaving Date (month/year): \_\_\_\_/\_\_\_\_ Wage \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

May we contact supervisor? \_\_\_\_\_ If yes, Telephone #: (\_\_\_\_) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_ Description of work: \_\_\_\_\_

Name & Address or present or last employer: \_\_\_\_\_

Starting Date (month/year): \_\_\_\_/\_\_\_\_ Leaving Date (month/year): \_\_\_\_/\_\_\_\_ Wage \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

May we contact supervisor? \_\_\_\_\_ If yes, Telephone #: (\_\_\_\_) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_ Description of work: \_\_\_\_\_

Please provide answers to the following equations & questions.

1.  $69 + 72 =$                        $81 \div 9 =$                        $189 - 90 =$                        $85 \times 4 =$

2. You are scheduled to get off shift at 4:00, but your replacement has not called or shown up yet. What would you do?

3. The customer orders a chicken burrito, the kitchen makes it but when you serve it to them they say that they asked for a beef burrito. You're sure they asked for a chicken burrito the first time, what do you do?

a) I authorize investigation of all statements contained in this application

b) I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment is substantially dependant on truthful answers to the foregoing inquires

c) I have read these statements and answers to these inquiries     Yes     No

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_