



## EMPLOYMENT APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Are you currently employed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you over 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you authorized to work in the United States: \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been employed by Buffaloe Lanes? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted (this includes pleading "No Contest") of a Criminal offense(s), either felony or misdemeanor? (Do not include minor Traffic citations).

\_\_\_\_\_ Yes \_\_\_\_\_ No if yes, state the nature of the offenses(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you agree to be drug tested prior to being offered a position with the Company? \_\_\_\_\_ Yes \_\_\_\_\_ No



**Education:**

Education Level: \_\_\_\_\_ School Attended \_\_\_\_\_ Degree Achieved \_\_\_\_\_

High School: \_\_\_\_\_

Trade or Business School \_\_\_\_\_

College \_\_\_\_\_

Graduate Work \_\_\_\_\_

List scholastic honors, awards, business or civic associations, offices held, or voluntary work relative to your ability to perform the functions of the position for which you are applying.

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List equipment or special skills relative to your ability to perform the functions of the positions for which you are applying.

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**EMPLOYMENT HISTORY** (Begin with your current or last employer)

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Company \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Location (city and State) \_\_\_\_\_

Starting Position: \_\_\_\_\_ Finishing Position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Finishing Salary: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Starting Salary: \_\_\_\_\_ Finishing Salary: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Location (city and State) \_\_\_\_\_

Starting Position: \_\_\_\_\_ Finishing Position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Finishing Salary: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



## Please Read Carefully

Important: This application will aid us in obtaining a clear understanding of your qualifications to fill specific job openings. We are an Equal Opportunity Employer. Complete all the information on the application, as we cannot consider you for employment unless all the requested information is provided by you. If you have additional information that will help us to further evaluate you as a potential employee (Such as a resume or letter of recommendation), please attach it to this application when completed.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

