



Employment Application

Full-time Part-time

Name _____ Telephone Number _____
 Street Address _____ Apt. No. _____
 City _____ State _____ Zip _____

Have you ever worked for Okoboji Grill before? Yes No
 If so, dates? from _____ to _____ Position _____ Division _____
 Are you employed now? Yes No Can present employer be contacted? Yes No
 Have you reliable transportation? Yes No If not, explain _____
 Are you willing to work: **Nights** Yes No **Overtime** Yes No **Weekends** Yes No **Holidays** Yes No
 For what position or type of work are you applying _____
 Desired starting pay: \$ _____ per _____ When could you begin work? _____
 What brought you to Okoboji Grill? *Please check all that apply.*
 Referred by employee (*please name*) _____
 State employment service Employment agency Formerly employed Newspaper advertisement
 Other advertisement General company reputation Other _____
 Are you at least 16 years old? Yes No Are you at least 18 years old? Yes No

SKILLS AND EQUIPMENT OPERATING ABILITIES

Please list any special education, skills, experience or equipment operating abilities (10-key calculator, Squirrel system, personal computer, etc.) you have which might be useful on the job for which you are applying.

EDUCATION

Highest elementary or high school grade completed _____ Graduate from high school? Yes No GED
 Scholastic average: High School _____ College _____ Other _____
 Name and location of college, university, business or trade school
 1. _____ 2. _____
Dates attended From _____ To _____ From _____ To _____
 Full time Part time Full time Part time
Major field of study 1. _____ 2. _____
Degrees conferred Title _____ Date _____ Title _____ Date _____
 Hours credit _____ Hours credit _____

LEGAL

Have you ever been convicted of a crime other than a routine traffic violation? Yes No
 If yes, date of conviction: _____ Please Explain: _____

MEDICAL INFORMATION

Do you have any physical or mental disabilities which would hinder the satisfactory performance of the job for which you have applied? Yes No If so, describe: _____

 Have you ever had any job-related (*worker's compensation*) injuries or illnesses? Yes No
 If yes, please give complete details _____
