BULLERT HOSPITALITY GROUP, INC.

dba, A-Town Tavern dba, Chef Craig's Catering

600 Sheila Drive, Arlington, Minnesota, 55307 (507) 964-2212 Chefcraigscatering@gmail.com

Employment / Job Application

PERSONAL INFORMATION

FULL NAME:			DATE:
ADDRESS:			
CITY:	STATE:	ZIP C	ODE:
E-MAIL:		PHONE: ()
SOCIAL SECURITY NUMBER (SSN):			
DATE AVAILABLE:	DESIRED P.	AY: \$	_ □ HOUR □ SALARY
POSITION APPLIED FOR:			
EMPLOYMENT DESIRED: ☐ FULL-TI	IME □ PAR	T-TIME	
EMPLOY	MENT E	LIGIBILITY	
ARE YOU A U.S. CITIZEN? □ YES □ N	O*		
*IF NO, ARE YOU ALLOWED TO WOR	K IN THE U.S	S.? □ YES □ NO	
HAVE YOU EVER WORKED FOR THIS	S EMPLOYER	?? □ YES* □ NO	
*IF YES, WRITE THE START AND END	DATES:		
HAVE YOU EVER BEEN CONVICTED	OF A FELON	Y? □ YES* □ NC)
*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:	
		GRADUATE? □ YES □ NO	
		PHONE:	
EMPLOYER #1:			
		STATE:	ZIP CODE:
START PAY: \$		□ HOUR □ SALARY END PAY: \$	□ HOUR □ SALARY
JOB TITLE:		START DATE:	END DATE:
RESPONSIBILITI	ES:		
REASON FOR LE	AVING		

EMPLOYER #2:			
E-MAIL:	PHONE: ()		
ADDRESS:			
CITY:		_ STATE:	_ ZIP CODE:
START PAY: \$	🗆 HOUR 🗆 SALAR'	Y END PAY: \$	□ HOUR □ SALARY
JOB TITLE:		START DATE:	END DATE:
RESPONSIBILITIES: _			
REASON FOR LEAVIN	IG:		
EMPLOYER #3:			
E-MAIL:		PHONE: ()
ADDRESS:			
CITY:		_ STATE:	_ ZIP CODE:
START PAY: \$	🗆 HOUR 🗆 SALAR'	Y END PAY: \$	□ HOUR □ SALARY
JOB TITLE:		START DATE:	END DATE:
RESPONSIBILITIES: _			
REASON FOR LEAVIN			

REFERENCES

REFERENCE #1:	RELATIONSHIP:	
COMPANY:	TITLE:	
E-MAIL:	PHONE: ()	
REFERENCE #2:	RELATIONSHIP:	
COMPANY:	TITLE:	
E-MAIL:	PHONE: ()	
MII	LITARY SERVICE	
ARE YOU A VETERAN? \square YES \square NO		
BRANCH:	NCH: MILITARY OCCUPATION:	
STARTING DATE:	RTING DATE: ENDING DATE:	
RANK AT DISCHARGE:	TYPE OF DISCHARGE:	
IF NOT HONORABLE, PLEASE EXPLA	AIN:	
	OUND CHECK CONSENT ONSENT TO A BACKGROUND CHECK? YES NO	
	DISCLAIMER	
	Opportunity Employer and committed to excellence through eptable, please print or type with the application being fully	
	re true and honest to the best of my knowledge. If this ent, I understand that any false or misleading information in my employment being terminated.	
SIGNATURE	DATE:	
PRINT NAME		