

The White Buffalo
312 E Central Ave.
Mackinaw City, MI
FRONT OF HOUSE - # 231-436-5018
KITCHEN - # 231-420-3363

EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City, State, Zip Code

E-MAIL: _____

PHONE: _____

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

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL (PLEASE LIST DATE PERIODS

AVAILABLE AND SEEKING BELOW)

SEASONAL AVAILABILITY _____

EMPLOYMENT ELIGIBILITY

IF UNDER THE AGE OF 18, CAN YOU PRODUCE THE NECESSARY WORK CERTIFICATE AT THE TIME OF EMPLOYMENT? YES NO

ARE YOU LEGALLY ELIGIBLE 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:** _____

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: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1:

Individual _____ Company /

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

Code _____ City State Zip

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2:

Individual Company /

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

Code City State Zip

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3:

Individual Company /

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

Code City State Zip

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____ **E-MAIL:** _____

_____ PHONE: _____

FULL NAME: _____ **RELATIONSHIP:** _____

First Last

COMPANY: _____ **TITLE:** _____ **E-MAIL:**

_____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____

First Last

COMPANY: _____ **TITLE:** _____ **E-MAIL:**

_____ **PHONE:** _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

ADDITIONAL INFORMATION

SPECIAL SKILLS, QUALIFICATIONS, TRAINING CERTIFICATES

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DRUG TEST CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A DRUG TEST? YES NO

DISCLAIMER

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

This company is an at-will employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, the company or I may terminate the employment relationship at any time, for any reason, with or without cause or notice.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Please complete each section EVEN IF you decide to attach a resume.

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 _____