

Application for Employment

Personal Information

Name (Last, First)	Date of Birth	Social Security No.	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
E-mail:		Phone No.	

Education History

	Name & Location of School	Dates Attended	Degree(s)	Activities, Offices, Clubs, Sports, etc.
High School				
College				
Other				

Former Employers (starting with last employer first)

1) Employer: _____ Supervisor: _____ Position Held: _____ Duties Performed: _____	Location: _____ Phone: _____ Dates: _____ Reason for leaving: _____
2) Employer: _____ Supervisor: _____ Position Held: _____ Duties Performed: _____	Location: _____ Phone: _____ Dates: _____ Reason for leaving: _____
3) Employer: _____ Supervisor: _____ Position Held: _____ Duties Performed: _____	Location: _____ Phone: _____ Dates: _____ Reason for leaving: _____

Personal References

Name	Address and Phone Number	Relationship	Years Known

General Information

What position are you applying for? check all that apply

Prep Cook Line Cook Chef Host/Hostess Waitstaff Bartender Other _____

Have you applied at the Ohiopyle House Cafe before? Yes No

If yes, when: _____

When are you available?

For training:

For work:

Weekends from _____ to _____

Weekends from _____ to _____

Weekdays from _____ to _____

Weekdays from _____ to _____

Skills

Please rate your abilities: 1-no experience, 2-familiar, but limited experience, 3-somewhat experienced, can perform without supervision, 4-very experienced.

Host/Hostess___ Food Prep ___ Waitstaff ___ Line Cook ___ Chef ___

Bar Tender ___ Bar back ___ Cleaning ___ Other _____

Emergency Contact

Name: _____ Relationship: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Driver's License Information (required for insurance purposes)

State: _____ Issue Date: _____ License Number: _____

Authorization

I certify that the information contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information regarding my previous employment and any pertinent information they may have, personal or otherwise, and release Laurel Highlands River Tours and Outdoor Center from all liability for any damage that may result from utilization of such information.

Signature: _____ Date: _____