

BLUE CANYON® — APPLICATION FOR EMPLOYMENT

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected basis.

IDENTIFICATION — PERSONAL INFORMATION					
LAST NAME	FIRST	MIDDLE	DATE OF BIRTH (if under 21)		
PRESENT ADDRESS (street, city, state, zip code)			HOME PHONE AND AREA CODE		
PREVIOUS ADDRESS (street, city, state, zip code)			OTHER PHONE CONTACT		
PERMANENT ADDRESS (street, city, state, zip code)			SOCIAL SECURITY NUMBER		
GENERAL INFORMATION			EMAIL ADDRESS		
LIST BUSINESS AND PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER: (omit those including race, creed, color, sex, age, handicap, national origin or other protected group.)					
LIST LEISURE ACTIVITIES, HOBBIES, RECREATIONAL INTEREST: (omit those including race, creed, color, sex, age, handicap, national origin or other protected group.)					
HAVE YOU EVER BEEN CONVICTED OF A FELONY WHICH IS RELATED TO THE FUNCTIONS OR QUALIFICATIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? THIS QUESTION DOES NOT APPLY TO CONVICTIONS WHICH HAVE BEEN SEALED OR EXPUNGED. (A conviction record will not necessarily be a bar to employment).					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, PLEASE DESCRIBE FULLY THE FELONY CONVICTIONS LISTING THE NATURE OF THE OFFENSE(S) AND YOUR REHABILITATION SINCE THE CONVICTION(S).					
HOW MANY DAYS HAVE YOU BEEN ABSENT FROM WORK IN THE LAST 12 MONTHS FOR ANY REASON? PLEASE EXPLAIN:					
HOW MANY DAYS HAVE YOU BEEN LATE FOR WORK IN THE LAST 12 MONTHS FOR ANY REASON? PLEASE EXPLAIN WHY:					
LIST OFFICE SKILLS / MACHINES YOU CAN OPERATE:					
WHAT ARE YOUR PLANS FOR THE NEXT 24 MONTHS; SCHOOL, WORK, TRAVEL, RELOCATE, ETC.					
EDUCATION					
SCHOOL NAME	LOCATION	DID YOU GRADUATE?	DEGREE	MAJOR/MINOR	GRADE AVERAGE
HIGH SCHOOL					
COLLEGE					
COLLEGE					
BUSINESS/TECHNICAL					
OTHER					
LIST EXTRA CURRICULAR ACTIVITIES, ACADEMIC AWARDS, HONOR SOCIETIES, ETC. (omit those including race, creed, color, sex, age, handicap, national origin or other protected group.)					
IF A MINOR, CAN YOU PRODUCE THE AGE/WORK CERTIFICATE NECESSARY TO OBTAIN EMPLOYMENT?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE YOU ABLE, AT THE TIME OF EMPLOYMENT, TO SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? VERIFICATION AND COMPLETION OF THE I-9 FORM MUST BE SUBMITTED NO LATER THAN THREE BUSINESS DAYS AFTER DATE OF HIRE.					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
PLEASE INCLUDE CAREER PASSPORT FOR 1999 OR LATER GRADUATES.					

BLUE CANYON [®] — POSITION APPLYING FOR		SUN.	A.M. / P.M.
FOR WHAT POSITION ARE YOU APPLYING?	WEEKLY SCHEDULE PREFERENCE	MON.	A.M. / P.M.
HAVE YOU EVER APPLIED TO BLUE CANYON BEFORE? (if YES, please state when and where)		TUES.	A.M. / P.M.
		WED.	A.M. / P.M.
COMPENSATION EXPECTED	WHEN WOULD YOU BE ABLE TO REPORT TO WORK?	THURS.	A.M. / P.M.
		FRI.	A.M. / P.M.
		SAT.	A.M. / P.M.

THROUGH WHAT MEANS WERE YOU REFERRED TO BLUE CANYON?

- ADVERTISEMENT (name) _____ OTHER _____
 FRIEND (name) _____

HOSPITALITY REFERENCES

(List 5 persons we may contact who you know and work in the restaurant business.)

NAME	TELEPHONE	RESTAURANT	POSITION
1.			
2.			
3.			
4.			
5.			

APPLICANT'S STATEMENT

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

This application is current for only 90 days. At The conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand and agree that, if employed by this organization, I will abide by its rules and regulations which I understand are subject to change. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time.

Applicant's Signature _____ Date _____

FAX APPLICATION TO:
TWINSURG – 330-405-2614
MISSOULA – 406-532-5305 * KALISPELL – 406-456-4505