



FATERNAL LODGE APPLICATION FOR EMPLOYMENT

Name <i>(Last, First, Middle Initial)</i>	Phone Number
Present Address <i>(Street, City, State, Zip)</i>	
Email Address	
Other Names Previously Used for Employment Purposes	

Are you a U.S. Citizen?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a valid driver's license?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a bartender's safe alcohol serving certificate?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a safe food handling certificate?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have any family that are Moose Fraternity members?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Name: _____

Do you have a high school diploma or G.E.D. equivalent?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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EDUCATION

Name and location of colleges or universities attended including vocational schools	Degree/ Certificate Earned

PREVIOUS EXPERIENCE

DATES OF EMPLOYMENT:	JOB TITLE:	REASON FOR LEAVING:
TO	DESCRIPTION OF DUTIES AND ACCOMPLISHMENTS:	
EMPLOYER NAME:		
PHONE NUMBER:		
ADDRESS:		
SUPERVISOR:		

DATES OF EMPLOYMENT: TO	JOB TITLE:	REASON FOR LEAVING:
	DESCRIPTION OF DUTIES AND ACCOMPLISHMENTS:	
EMPLOYER NAME:		
PHONE NUMBER:		
ADDRESS:		
SUPERVISOR:		

DATES OF EMPLOYMENT: TO	JOB TITLE:	REASON FOR LEAVING:
	DESCRIPTION OF DUTIES AND ACCOMPLISHMENTS:	
EMPLOYER NAME:		
PHONE NUMBER:		
ADDRESS:		
SUPERVISOR:		

I CERTIFY THAT THE FACTS 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 LISTED ABOVE TO GIVE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT.

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE - FOR EMPLOYER USE ONLY

INTERVIEWED BY: _____ DATE: _____

INTERVIEWED BY: _____ DATE: _____

INTERVIEWED BY: _____ DATE: _____

POSITION OFFERED: _____ START DATE: _____

TRAINING START DATE: _____ TRAINING COMPLETED DATE: _____

TRAINER NAME: _____