

APPLICATION FOR EMPLOYMENT

DATE: / /

BASIC INFORMATION

FULL NAME

PHONE NUMBER

CURRENT ADDRESS

PERMANENT ADDRESS

POSITION APPLYING FOR

REFERRED BY

OVER 18 OVER 21

TAM # AND EXPIRATION DATE (if applicable)

AVAILABILITY

SHIFT	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
A.M.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P.M.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FULL TIME PART TIME

DATE YOU CAN START: / /

EDUCATION

LEVEL	SCHOOL NAME	LOCATION	DEGREE/CERTIFICATE
HIGH SCHOOL			
COLLEGE			
OTHER TRAINING			

**The State of Alaska requires all employees of a food service establishment to obtain the Municipality of Anchorage food worker card. You must have passed the exam and received your card prior to employment with the Moose's Tooth.*

EMPLOYMENT HISTORY

(STARTING WITH THE MOST RECENT)

EMPLOYER

PHONE

JOB TITLE

ADDRESS

/ / to / /
DATES WORKED (DD/MM/YY)

REASON FOR LEAVING

EMPLOYER

PHONE

JOB TITLE

ADDRESS

/ / to / /
DATES WORKED (DD/MM/YY)

REASON FOR LEAVING

EMPLOYER

PHONE

JOB TITLE

ADDRESS

/ / to / /
DATES WORKED (DD/MM/YY)

REASON FOR LEAVING

Moose's Tooth is an equal opportunity employer. We are committed to the principle of equal employment opportunity for all and to providing employees with a work environment free of discrimination and harassment.

REFERENCES

(PLEASE DO NOT LIST RELATIVES)

NAME

PHONE NUMBER

ADDRESS

HOW DO YOU KNOW THIS PERSON?

NAME

PHONE NUMBER

ADDRESS

HOW DO YOU KNOW THIS PERSON?

SO TELL US,

WHY DO YOU WANT TO WORK AT THE MOOSE'S TOOTH?

DESCRIBE YOUR IDEAL WORK ENVIRONMENT:

PLEASE LIST ANY SPECIAL SKILLS THAT YOU WOULD LIKE US TO KNOW ABOUT:

HOW LONG WOULD YOU PLAN TO WORK AT THE MOOSE'S TOOTH?

WITHIN THE PAST FIVE YEARS, HAVE YOU BEEN CHARGED WITH OR CONVICTED OF A CRIME? IF SO, IN WHAT STATE?

PLEASE DESCRIBE:

AUTHORIZATION: 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 further authorize investigation of all statements contained herein and contact with references listed above.

SIGNATURE

DATE

Due to the number of applications we receive, we are unable to personally respond to all of them.
We will call you if we are able to interview you. Thank you very much for your time and interest in the Moose's Tooth!