



Employment Application



Ham Lake Lanes (hereinafter "the company") is an equal opportunity employer dedicated to a policy of non-discrimination, based on race, color, age, sex, religion, national origin, disability or other protected status under state, federal or local equal opportunity laws. The company will provide reasonable accommodations in the application or interviewing process. If you need a reasonable accommodation in the application or interviewing process, please contact the Human Resources Department.

Personal Information

Last Name:	First Name:	MI:	Position Applying For:	Salary Desired:
List any other name(s) used:			Social Security Number:	
Provision of Social Security Number is optional. Failure to provide a Social Security Number will not prohibit employment consideration. A Social Security Number may be required on other forms prior to employment.				
E-mail Address:	Home Telephone:	Alternative Telephone:	Best Time to Call:	
Current Street Address:			Number of Years There:	
City:	State:	Zip:	County:	
Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, can you provide proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If offered employment, are you able to provide proof of identity and eligibility to work in the U.S. as required by Federal Law? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How did you find out about job opportunities with us? (Please check)		<input type="checkbox"/> Walk-in <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Other:		
<input type="checkbox"/> Referral (please name):		<input type="checkbox"/> Internet <input type="checkbox"/> Banner/Sign		

Availability

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From	From	From	From	From	From	From
To	To	To	To	To	To	To
Are you looking for: <input type="checkbox"/> Part Time		<input type="checkbox"/> Full Time	<input type="checkbox"/> Temporary	Number of hours per week:		
Are you available to work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date available to begin work:				
Are you available to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No						
All candidates interested in a Management position must complete numbers 1, 2 and 3 below. A valid U.S. state driver's license and state minimum insurance coverage is required for all shift and salaried management positions.						
1. Do you have a valid U.S. state driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			2. Do you have state minimum insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, indicate state and number:			If yes, indicate state, company and policy number:			
3. Do you have 2 or more years of driving experience? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Education

Name and Location of School	No. of years attended:	Did you graduate?	Degree Obtained:	Subjects studied:
High School or Equivalent	1 2 3 4			
Undergraduate	1 2 3 4			
Graduate, Trade, Technical, Business or Other	1 2 3 4			

Additional Information

Have you ever submitted an application to Ham Lake Lanes? If yes, please give dates and location:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by Ham Lake Lanes? If yes, please give dates and location:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other than spouse, do you have any relatives working for Ham Lake Lanes? If yes, please give name, relationship, department and location:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been terminated from any position (excluding Layoffs)? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been asked to resign from any position? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History

Current or Most Recent Employer Name:	Telephone:	Dates Employed: From: To:	Starting Rate: \$	Final Rate: \$
Address:		Immediate Supervisor:	Telephone Number:	
Summarize the type of work performed and job responsibilities:			Your Job Title:	
Reason for Leaving?		May we contact your immediate supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Name:	Telephone:	Dates Employed: From: To:	Starting Rate: \$	Final Rate: \$
Address:		Immediate Supervisor:	Telephone Number:	
Summarize the type of work performed and job responsibilities:			Your Job Title:	
Reason for Leaving?		May we contact your immediate supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Name:	Telephone:	Dates Employed: From: To:	Starting Rate: \$	Final Rate: \$
Address:		Immediate Supervisor:	Telephone Number:	
Summarize the type of work performed and job responsibilities:			Your Job Title:	
Reason for Leaving?		May we contact your immediate supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please include an explanation for any gaps in employment:

References

Please list the names and telephone number of three work-related references who are not related to you and were not your immediate supervisor.

Name and Address:	Telephone Number:	Relationship:	No. of years known:

Agreement (Please read and sign below)**Nature of My Employment:**

If I work for Ham Lake Lanes, I will be an at-will employee. This means that either I, or the company, may end my employment at any time, with or without cause or notice. I agree that no written materials or verbal statements by the company will constitute an express or implied contract of employment and that this at-will relationship could only be modified in writing, identifying me by name, and signed by an authorized officer of the company.

The company, in accordance with the FDA food code guidelines, requires all employees to report to work in a healthy condition. Any employee diagnosed with Salmonella, E Coli O157:H7, Shigella or Hepatitis, must report it immediately to their supervisor and will not be allowed to work until cleared by the appropriate officials. I agree to comply with this policy if hired.

My participation in the company's Drug Free Environment: I am not a current user of illegal drugs, and I agree I will not work under the influence of drugs or alcohol.

Accuracy/Verification of Information:

I promise the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand any false information or significant omissions may disqualify me from further consideration of employment and may be justification for my dismissal from employment if discovered at a later date.

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I also authorize the company to contact my references and past employers to obtain information concerning my past experiences, education, and personal character.

I authorize any person, school, current employer, past employer(s), organizations, and agencies to provide the company with relevant information and opinions that may be used in employment decisions. In consideration of the company's review of this application, I release the company, and all providers of information, from any liability as a result of furnishing and receiving this information.

I certify I am applying for this position because I wish to work for and contribute to the success of the company and for no other reason. I understand that if I am employed by the company, I will have a fiduciary duty to the company to act in its best interests and not in the interests of another employer. I also understand I must treat any information that I learn in the course of my employment confidentially.

The company does not unlawfully discriminate in employment. Questions on this application are not used for the purpose of limiting or excusing any applicant from consideration for employment on the basis prohibited by local, state or federal law. The company will not refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

Job Offer Contingent Requirements:

All job offers will be contingent on the result of a Social Security Number Verification.

All job offers for any positions that require driving on company business may be contingent on the result of a Motor Vehicle Record Check.

All Shift Manager, Salaried Manager and Office Support job offers may be contingent on the result of a Background Check.

All Shift Manager, Salaried Manager and Office Support job offers may be contingent on the result of a Drug Screen.

I have read and fully understand the foregoing and seek employment under these conditions.

Applicant's Signature _____ Date _____