



Wild West Restaurants, LLC
PO Box 3665 - Grand Canyon
Arizona 86023

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
MAILING ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
ARE YOU 18 YEARS OR OLDER YES ☐ NO ☐		PHONE NO.	

DESIRED EMPLOYMENT

POSITION		DATE YOU CAN START	SALARIED DESIRED
ARE YOU EMPLOYED NOW? YES ☐ NO ☐		IF SO MAY WE CONTACT YOUR CURRENT EMPLOYER YES ☐ NO ☐	
HAVE YOU EVER APPLIED WITH THIS COMPANY BEFORE? YES ☐ NO ☐		WHERE	WHEN
HAVE YOU EVER WORKED WITH THIS COMPANY BEFORE? YES ☐ NO ☐		WHERE	WHEN
REASON FOR LEAVING			
NAME OF LAST SUPERVISOR AT THIS COMPANY			
WHO REFERRED YOU TO THIS COMPANY?			
☐ FRIEND	☐ NEWSPAPER ADVERTISING	☐ CURRENT EMPLOYEE	
☐ WALK IN	☐ AREA POSTING	☐ OTHER	

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO OF YRS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR	YES ☐	NO ☐
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK - DUTIES PERFORMED:				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR	YES ☐	NO ☐
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK - DUTIES PERFORMED:				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR	YES ☐	NO ☐
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK - DUTIES PERFORMED:				
REASON FOR LEAVING				

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE AND RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?	YES	☐	NO	☐
IF YES EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)				

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 AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION FO SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE	SIGNATURE
------	-----------