



DATE: _____

PERSONAL INFORMATION:

FULL NAME (FIRST, LAST) _____

ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

FACEBOOK ADDRESS: _____

EDUCATION HISTORY:

GRADUATED FROM HIGH SCHOOL? YES / NO IF YES, YEAR? _____

ARE YOU CURRENTLY ENROLLED IN SCHOOL? YES / NO IF YES, SCHOOL? _____

WORK HISTORY:

ARE YOU CURRENTLY EMPLOYED? YES / NO IF YES, WHERE? _____

HAVE YOU WORKED IN THE FOOD AND BEVERAGE INDUSTRY BEFORE? YES / NO

DO YOU CURRENTLY HAVE A FOOD HANDLERS CARD? YES / NO

HAVE YOU COMPLETED TITLE 4 (ARIZONA LIQUOR LAW) TRAINING COURSE? YES / NO

BS WEST EMPLOYMENT:

HAVE YOU APPLIED TO WORK AT BS WEST BEFORE? YES / NO

WHY DO YOU WANT TO WORK AT BS WEST? _____

WHAT WOULD PREVIOUS EMPLOYERS SAY ABOUT YOUR WORK ETHIC? _____

HOW WOULD YOUR FRIENDS AND FAMILY DESCRIBE YOU? _____

WHAT EXPERIENCES ARE YOU LOOKING FOR FROM BS WEST EMPLOYMENT? _____

WHAT WOULD MAKE YOU A VALUABLE EMPLOYEE TO BS WEST? _____

CHECK EACH OF THE POSITIONS YOU WOULD BE WILLING TO WORK AT BS WEST:

- | | |
|---|--|
| <input type="checkbox"/> DOOR (SECURITY) | <input type="checkbox"/> WAITER/WAITRESS |
| <input type="checkbox"/> BATHROOM ATTENDANT | <input type="checkbox"/> BAR-BACK |
| <input type="checkbox"/> FLOATER (BUSBOY) | <input type="checkbox"/> BARTEND |

ARE THERE ANY POSITIONS ABOVE THAT YOU ARE NOT WILLING TO WORK? YES / NO

IF YES, WHY? _____

WHAT DAYS/HOURS ARE YOU AVAILABLE TO WORK? (HOURS DO VARY)

- | | | |
|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> MONDAY | <input type="checkbox"/> 12PM - 6PM | <input type="checkbox"/> 6PM - 3AM |
| <input type="checkbox"/> TUESDAY | <input type="checkbox"/> 12PM - 6PM | <input type="checkbox"/> 6PM - 3AM |
| <input type="checkbox"/> WEDNESDAY | <input type="checkbox"/> 12PM - 6PM | <input type="checkbox"/> 6PM - 3AM |
| <input type="checkbox"/> THURSDAY | <input type="checkbox"/> 12PM - 6PM | <input type="checkbox"/> 6PM - 3AM |
| <input type="checkbox"/> FRIDAY | <input type="checkbox"/> 12PM - 6PM | <input type="checkbox"/> 6PM - 3AM |
| <input type="checkbox"/> SATURDAY | <input type="checkbox"/> 12PM - 6PM | <input type="checkbox"/> 6PM - 3AM |
| <input type="checkbox"/> SUNDAY | <input type="checkbox"/> 12PM - 6PM | <input type="checkbox"/> 6PM - 3AM |

DESIRED HOURS PER WEEK? _____

DESIRED PAY PER WEEK? _____

PRE-INTERVIEW QUESTIONS:

HOW WOULD YOU HANDLE A SITUATION WHERE A CUSTOMER/PATRON TOUCHES YOU INAPPROPRIATELY: _____

AT THE START OF YOUR SHIFT YOU SEE A PILE OF EMPTY BOX'S, WHAT DO YOU DO?

YOU SEE A REGULAR CUSTOMER/PATRON STUMBLING AROUND THE BAR, WHAT DO YOU DO?

APPLICANT SIGNATURE: _____ DATE: _____