



DATE: _____

Personal Information:

Full Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Facebook Address: _____

Education History:

Graduated from High School? Yes / No

Are you currently enrolled in school? Yes / No

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 handler's 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"/> Security | <input type="checkbox"/> Server |
| <input type="checkbox"/> Bathroom Attendant | <input type="checkbox"/> Bar-back |
| <input type="checkbox"/> Floater | <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? _____

Applicant Signature: _____ Date: _____