



The Bayfield Inn

1.800.382.0995
20 Rittenhouse Ave
Bayfield, WI 54814

APPLICATION FOR EMPLOYMENT (Please print.)

TODAY'S DATE: _____

PERSONAL INFORMATION

Name: _____ Phone: () _____

Present Address: _____
 Number Street City State Zip

Previous Address: _____
 Number Street City State Zip

Are you 18 years of age or older? [] Yes [] No Are you a US citizen? [] Yes [] No

Do you have a valid driver's license? [] Yes [] No
If yes, please provide your license number & state of issue: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Address: _____

Phone: () _____ Work Phone: () _____

MILITARY SERVICE RECORD

Have you ever been in the Armed Forces? [] Yes [] No If yes, what branch? _____

Dates of duty— From: _____ To: _____

Please list your duties: _____

Are you a current member in the National Guard or Reserves? [] Yes [] No

EMPLOYMENT DESIRED

Position(s) Desired: _____

Date available to start: ____/____/____ Desired Wage/Salary: _____

Type of Employment Desired: Temporary Part-Time Full-Time

Days Nights Weekends

Have you worked for this company in the past? Yes No

If yes, when and reason for leaving: _____

EDUCATION INFORMATION

EDUCATION	NAME & LOCATION OF SCHOOL	# YEARS ATTENDED	GRADUATED Yes or No ?	COURSE OF STUDY
Grammar School				
High School				
College				
Other Education				

EMPLOYMENT HISTORY

List your record of employment beginning with your present or most recent position. Please use the back of one of these pages if you need more space or to add additional employment history.

DATES OF EMPLOYMENT	NAME & ADDRESS OF EMPLOYER	POSITION(S)	SUPERVISOR'S NAME & TITLE	REASON FOR LEAVING
Start: End:				

Describe the work you did: _____

DATES OF EMPLOYMENT	NAME & ADDRESS OF EMPLOYER	POSITION(S)	SUPERVISOR'S NAME & TITLE	REASON FOR LEAVING
Start: End:				

Describe the work you did: _____

EMPLOYMENT HISTORY CONTINUED

DATES OF EMPLOYMENT	NAME & ADDRESS OF EMPLOYER	POSITION(S)	SUPERVISOR'S NAME & TITLE	REASON FOR LEAVING
Start:				
End:				

Describe the work you did: _____

DATES OF EMPLOYMENT	NAME & ADDRESS OF EMPLOYER	POSITION(S)	SUPERVISOR'S NAME & TITLE	REASON FOR LEAVING
Start:				
End:				

Describe the work you did: _____

May we contact the employers that you have listed in your employment history? [] Yes [] No
 If not, please list those that you do not wish us to contact: _____

PROFESSIONAL REFERENCES

Three (3) References: _____

Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship
_____	_____	_____

Please note that if you are under the age of 18, we will require, prior to starting work, a Wisconsin Work Permit issued through your local school district office or the Ashland Job Center (715) 682-4889.

The Bayfield Inn provides equal opportunity to all qualified persons without regard to race, color, religion, age, sex, national origin, martial or veteran status, disability or other legally protected status.

Be advised that **THIS AUTHORIZATION PAGE WILL NEED YOUR HANDWRITTEN SIGNATURE & DATE.**

I authorize The Bayfield Inn to contact each former employer, firm or corporation listed. I authorize any of these persons to give all information concerning work-related items and I release all parties from liability for any damage that may result from furnishing same to you.

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 also understand that if hired by The Bayfield Inn, my employment is voluntarily entered into and I am free to resign at any time. Similarly, The Bayfield Inn is free to conclude my employment at any time. I further recognize that this application is not a contract and cannot create a contract.

 Applicant's Signature _____
 Today's Date

Do not write below this line.

Interviewed By: _____ Interview Date: _____ Hired? [] Yes [] No
 Starting Wage/Salary: _____ Department: _____ Start Date _____