

Application for Employment

Kavanaugh's Resort

1685 Kavanaugh Dr.

Brainerd, MN 56401

218-829-5226

employment@Kavanaugh.com

Name: _____ Social Security No.: _____ Are you eligible for U.S. employment? _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ E-mail Address: _____

What date would you be available to start work? _____ If you are applying for summer employment, how late in the season would you be available to work? (example, date of school start) _____ If you are applying for summer employment, are there any dates or days that you would not be available to work? (example, family events, weddings, vacations) _____

If yes, please list those days and explain: _____

Are you involved in any sports or activities that would involve practices during the employment period? _____ If so, explain: _____

What position are you applying for: _____

Are you over the age of eighteen? _____ If no, what is your age? _____ (hiring is subject to verification that you are of minimum legal age).

Have you been convicted of any crime within the last seven years? _____ Are any charges pending against you? _____ If yes to either, please explain: _____

Do you have any physical condition which may limit your ability to perform the position for which you are applying? _____ If you answered yes, please explain the condition: _____

Are you able to lift up to forty pounds: _____ In case of an emergency at work, please list a contact name and phone number _____

Past Employment

Employer: _____ Address: _____

Phone: _____ Job description: _____ Wage: _____

Employed from: _____ to _____ Reason for leaving: _____

Employer #2: _____ Address: _____

Phone: _____ Job description: _____ Wage: _____

Employed from: _____ to _____ Reason for leaving: _____

References

Please list the name, address, and phone number of up to three references:

1. _____

2. _____

3. _____

Kavanaugh's does not offer housing for our employees. If you are applying for seasonal employment please indicate that you are aware of this by placing your initials in this space: _____

Signature: _____ Date: _____

By signing you are certifying that all information provided is true to the best of your knowledge. You understand that any of the references, past employers or educational institutes may be contacted by Kavanaugh's to verify the information.

For Office Use Only

Notes: _____