

ALASKAN EVENTS & CATERING, LLC. EMPLOYMENT APPLICATION

APPLICATION DATE: / /	SS #: - -	EMP #:
-------------------------------	-------------------	--------

LEGAL FULL NAME: _____ First Name Middle Name Last Name	NICKNAME:
--	-----------

RESIDENTIAL ADDRESS:	PHONE (H):	TIME TO CALL:
	PHONE (W):	TIME TO CALL:
	MAILING ADDRESS:	
PAGER/CELL #:		

It is the policy of this Company to hire only U. S. citizens and aliens who are authorized to work in this country. (If hired, as a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U. S. Immigration and Naturalization Service's Form I-9.)

Do you have proof of the right to work in the United States?	YES _____	NO _____
For Driver applicants only: Do you have a current and valid Alaska Drivers license ? (A current driver's abstract may be requested at applicant's expense.)	YES _____	NO _____
Are you able to perform the essential functions of this job without reasonable accommodation? If you require reasonable accommodation, please explain:	YES _____	NO _____

POSITION DESIRED/APPLYING FOR: _____ **(YOU MUST STATE THE POSTION)**

DATE YOU CAN START:	SALARY OR HOURLY RATE DESIRED:
---------------------	--------------------------------

HOW DID YOU HEAR ABOUT OUR COMPANY?
 ___ Website ___ Job Bank ___ Advertisement ___ Newspaper Ad ___ Job Fair ___ Current Employee ___ Other _____

STATE THE NAME & RELATIONSHIP OF ANY FRIEND/RELATIVE ALREADY EMPLOYED WITH US:

Are you currently employed?	YES _____	NO _____
May we contact your employer?	YES _____	NO _____
Have you ever applied for a position with us in the past? When? _____	YES _____	NO _____

PLEASE INDICATE WHEN YOU ARE AVAILABLE TO WORK

MONDAY	YES _____	NO _____	TIMES AVAILABLE:
TUESDAY	YES _____	NO _____	TIMES AVAILABLE:
WEDNESDAY	YES _____	NO _____	TIMES AVAILABLE:
THURSDAY	YES _____	NO _____	TIMES AVAILABLE:
FRIDAY	YES _____	NO _____	TIMES AVAILABLE:
SATURDAY	YES _____	NO _____	TIMES AVAILABLE:
SUNDAY	YES _____	NO _____	TIMES AVAILABLE:

SKILL EVALUATION AND HISTORY

BANQUET HISTORY (front house)

Have you had experience as a cocktail waiter/waitress or taking drink orders?	YES ___	NO ___
Do you have experience in setting up a bar at an off-premise catered party?	YES ___	NO ___
Do you have bartending skills with standard highballs and mixed drinks?	YES ___	NO ___
Have you ever held a job as a professional bartender for at least six months?	YES ___	NO ___
Do you know how to open a bottle of champagne?	YES ___	NO ___
Are you at the legal age to serve liquor?	YES ___	NO ___
Have you ever been a banquet waiter/waitress?(circle) HOTEL RESTAURANT CATERER	YES ___	NO ___
Do you have experience passing hors d'oeuvres?	YES ___	NO ___
Have you ever set tables at a banquet for more than 200 guests?	YES ___	NO ___
Are you familiar with special service and comfortable executing it? (circle) FRENCH RUSSIAN	YES ___	NO ___
Do you know formal table service at a level that gives you ease and comfort?	YES ___	NO ___
Do you have experience bussing?	YES ___	NO ___
Do you have experience carrying large bussing trays?	YES ___	NO ___
Do you have experience carving/slicing? (check) BEEF ___ HAM ___ LEG OF LAMB ___ WHOLE PIG ___ SMOKED SALMON ___ TURKEY ___	YES ___	NO ___
Do you have experience cutting a wedding cake?	YES ___	NO ___
Have you had experience working a private party alone?	YES ___	NO ___
Do you have any experience doing table top presentation (table settings)?	YES ___	NO ___
Do you know how to skirt banquet tables?	YES ___	NO ___

KITCHEN/PREP HISTORY (Back-of-the-House)

Do you have food preparation experience?	YES ___	NO ___
Do you have food-garnishing experience?	YES ___	NO ___
Have you had any experience operating commercial dishwashing machines?	YES ___	NO ___
Do you have any experience making floral arrangements?	YES ___	NO ___

TELL US ABOUT YOURSELF

Do you like to work with others?	YES ___	NO ___
Do you like a fast-paced work atmosphere?	YES ___	NO ___

If there are other specific skills related to the preparation and service of food or beverages which you have and which you think would make you a more valuable team member, please describe them briefly below.

EMPLOYMENT RECORD:

STARTING WITH present or MOST RECENT, list all previous employers for the past 10 years. Include self-employment, military service, summer, and part-time jobs. You must answer all questions, do not write "see resume." Please attach additional sheets if necessary, following the same format.

COMPANY NAME:	PHONE #:
ADDRESS:	
POSITION/DUTIES:	SUPERVISOR'S NAME:
DATES EMPLOYED: From _____ to _____	SALARY OR HOURLY RATE:
REASON FOR LEAVING:	

COMPANY NAME:	PHONE #:
ADDRESS:	
POSITION/DUTIES:	SUPERVISOR'S NAME:
DATES EMPLOYED: From _____ to _____	SALARY OR HOURLY RATE:
REASON FOR LEAVING:	

COMPANY NAME:	PHONE #:
ADDRESS:	
POSITION/DUTIES:	SUPERVISOR'S NAME:
DATES EMPLOYED: From _____ to _____	SALARY OR HOURLY RATE:
REASON FOR LEAVING:	

COMPANY NAME:	PHONE #:
ADDRESS:	
POSITION/DUTIES:	SUPERVISOR'S NAME:
DATES EMPLOYED: From _____ to _____	SALARY OR HOURLY RATE:
REASON FOR LEAVING:	

COMPANY NAME:	PHONE #:
ADDRESS:	
POSITION/DUTIES:	SUPERVISOR'S NAME:
DATES EMPLOYED: From _____ to _____	SALARY OR HOURLY RATE:
REASON FOR LEAVING:	

COMPANY NAME:	PHONE #:
ADDRESS:	
POSITION/DUTIES:	SUPERVISOR'S NAME:
DATES EMPLOYED: From _____ to _____	SALARY OR HOURLY RATE:
REASON FOR LEAVING:	

COMPANY NAME:	PHONE #:
ADDRESS:	
POSITION/DUTIES:	SUPERVISOR'S NAME:
DATES EMPLOYED: From _____ to _____	SALARY OR HOURLY RATE:
REASON FOR LEAVING:	

COMPANY NAME:	PHONE #:
ADDRESS:	
POSITION/DUTIES:	SUPERVISOR'S NAME:
DATES EMPLOYED: From _____ to _____	SALARY OR HOURLY RATE:
REASON FOR LEAVING:	

COMPANY NAME:	PHONE #:
ADDRESS:	
POSITION/DUTIES:	SUPERVISOR'S NAME:
DATES EMPLOYED: From _____ to _____	SALARY OR HOURLY RATE:
REASON FOR LEAVING:	

COMPANY NAME:	PHONE #:
ADDRESS:	
POSITION/DUTIES:	SUPERVISOR'S NAME:
DATES EMPLOYED: From _____ to _____	SALARY OR HOURLY RATE:
REASON FOR LEAVING:	

COMPANY NAME:	PHONE #:
ADDRESS:	
POSITION/DUTIES:	SUPERVISOR'S NAME:
DATES EMPLOYED: From _____ to _____	SALARY OR HOURLY RATE:
REASON FOR LEAVING:	

COMPANY NAME:	PHONE #:
ADDRESS:	
POSITION/DUTIES:	SUPERVISOR'S NAME:
DATES EMPLOYED: From _____ to _____	SALARY OR HOURLY RATE:
REASON FOR LEAVING:	

COMPANY NAME:	PHONE #:
ADDRESS:	
POSITION/DUTIES:	SUPERVISOR'S NAME:
DATES EMPLOYED: From _____ to _____	SALARY OR HOURLY RATE:
REASON FOR LEAVING:	

EDUCATION

HIGH SCHOOL	Name:	State/Country:
Highest grade level completed:	G.E.D ? : Y/N	Graduated?: Y/N

COLLEGE	Name:	State/Country:
Completion status:	Graduated?: Y/N	

TRADE SCHOOL	Name:	State/Country:
Completion status:	Graduated: Y/N	

LOCAL PROFESSIONAL REFERENCES

List references who can speak to your work experience and skills. (Not relatives). Fill in all blanks.

NAME:	PHONE #:
ADDRESS:	
OCCUPATION:	YEARS KNOWN:
THEIR RELATIONSHIP TO YOU: __SUPERVISOR__ CO-WORKER __HR MANAGER__ OTHER: _____	

NAME:	PHONE #:
ADDRESS:	
OCCUPATION:	YEARS KNOWN:
THEIR RELATIONSHIP TO YOU: __SUPERVISOR__ CO-WORKER __HR MANAGER__ OTHER: _____	

WAIVERS

PROMOTIONAL WAIVER: I hereby give my permission to **Alaskan Events and Catering, LLC.** and it's affiliates to use my photograph in any and all printed media including, but not limited to, brochures, mailers, ads, video tape, and/or motion picture. Effective upon hire date.

Applicant's Signature _____ Date _____

MEDICAL INFORMATION RELEASE: After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination at Company expense and by a Company chosen physician, with the offer of employment conditioned on the result of such examination. In addition, all applicants will be required to undergo a drug test screening as a condition of employment. Employees, at any time during the course of their employment may be required to undergo a medical examination at Company expense and by a Company chosen physician. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the laboratory test to the Company.

Applicant's Signature _____ Date _____

RELEASE I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts whenever discovered may result in disciplinary action up to and including dismissal. I hereby authorize any investigation of the above or related work experience, education, or reputation information for purposes of consideration of my application for employment. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at anytime without any previous notice. Nothing on the application is intended to create or imply a contractual relationship. This application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice. While employment policies or procedures may change from time to time, only a written agreement signed by the Company's president can change the employee's at-will status.

Applicant's Signature _____ Date _____