



PLEASE PRINT LEGIBLY & ANSWER ALL QUESTIONS COMPLETELY

NAME _____ DATE _____

NICKNAME _____ SOCIAL SECURITY # _____

ADDRESS _____ CITY/STATE _____ ZIP CODE _____

PHONE: Please Indicate Preferred Number: Cell () _____ Home () _____

EMPLOYMENT DESIRED

Position applied for _____ Date Available: _____ Desired Wage: _____

Are you at least 18 years old? () YES () NO (Hire is subject to verification)

Would you be available to work overtime, if necessary? () YES () NO

Do you want to work: () regular full-time () regular part-time () weekends () temporary, e.g., summer or holiday work

PLEASE NOTE THE HOURS YOU CAN WORK UNDER THE CORRESPONDING DAY.

MON	TUES	WED	THURS	FRI	SAT	SUN

Have you ever applied to or worked for our company before?

() YES: When: _____ () NO

Are you available to work:

Weekends () YES () NO Holidays () YES () NO Late Evenings () YES () NO

If hired, do you have a **reliable** means of transportation to and from work?

() YES () NO

If hired, can you present evidence of your legal right to live and work in this country?

() YES () NO

How did you hear about us? _____

Have you ever been convicted of a crime?

() YES () NO

If yes, state nature of the crime(s): _____, Date of charge: _____

County & State where convicted: _____ Status of the case: _____

Are you currently awaiting trial for any criminal offense?

() YES () NO

Have you ever initiated an act of violence in the workplace?

() YES () NO

(Note: No applicant will be denied employment solely on the basis of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for will, however, be considered.)

EMPLOYMENT HISTORY

(PLEASE PRINT LEGIBLY & ANSWER ALL QUESTIONS COMPLETELY)

List below all present and past employment starting with the most recent (the last 10 years is sufficient.)

Name of Employer _____					
Address _____					
No.	Street	City	State	Zip Code	
Type of Business _____					
Telephone: (____)		Your Supervisor's Name and Title _____			
Your Position Duties _____					

Hours Worked _____					
Date of Employment: From _____			To _____		
Hourly or Weekly Pay: Starting _____			Ending _____		
Reason for Leaving _____					

Name of Employer _____					
Address _____					
No.	Street	City	State	Zip Code	
Type of Business _____					
Telephone: (____)		Your Supervisor's Name and Title _____			
Your Position Duties _____					

Hours Worked _____					
Date of Employment: From _____			To _____		
Hourly or Weekly Pay: Starting _____			Ending _____		
Reason for Leaving _____					

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Telephone: (____)		Your Supervisor's Name and Title _____			
Your Position Duties _____					

Hours Worked _____					
Date of Employment: From _____			To _____		
Hourly or Weekly Pay: Starting _____			Ending _____		
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Name of Employer _____					
Address _____					
No.	Street	City	State	Zip Code	
Type of Business _____					
Telephone: (____)		Your Supervisor's Name and Title _____			
Your Position Duties _____					

Hours Worked _____					
Date of Employment: From _____			To _____		
Hourly or Weekly Pay: Starting _____			Ending _____		
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 No. Street City State Zip Code
 Type of Business _____
 Telephone: () _____ Your Supervisor's Name and Title _____
 Your Position Duties _____

 Hours Worked _____
 Date of Employment: From _____ To _____
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 Reason for Leaving _____

Name of Employer _____
 Address _____
 No. Street City State Zip Code
 Type of Business _____
 Telephone: () _____ Your Supervisor's Name and Title _____
 Your Position Duties _____

 Hours Worked _____
 Date of Employment: From _____ To _____
 Hourly or Weekly Pay: Starting _____ Ending _____
 Reason for Leaving _____

If there are any gaps in your employment history please list what you did during those periods of time: _____

May we contact any or all of these employers to verify employment information? () YES () NO

EDUCATION, TRAINING AND EXPERIENCE

School	Name & Address	# Of Years Completed	Did You Graduate?	Degree or Diploma
High School			YES ____ NO ____	
College/ University			YES ____ NO ____	
Vocational/ Business			YES ____ NO ____	
Other			YES ____ NO ____	

Many of our customers do not speak English. Do you speak, write and understand any foreign languages? Sign language?
 () YES () NO

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work here?
 If so, please explain _____

REFERENCES

List three persons who have first-hand knowledge of your work performance within the last three years.

Name	Address	Telephone	Occupation	# of Years Acquainted

The Buckhorn Saloon and Museum policy is to fill every position without regard to race, color, religion, sex, age, disability, national origin, or any other consideration made unlawful by applicable federal, state, or local laws. We are an equal opportunity employer and select employees on the basis of qualifications.

Please Read and Sign Below : Applicant Certification, Authorization and Understandings

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate dismissal or removal of my application from consideration. I authorize The Buckhorn Saloon and Museum to secure information about my experience with former employers, educational institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising there from.

Initials

If I am employed by The Buckhorn Saloon and Museum I agree to conform to the rules and regulations of The Buckhorn Saloon and Museum. I also understand and agree that, except for the employment-at-will status, my wages, hours and working conditions are subject to change. I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of The Buckhorn Saloon and Museum or myself.

Initials

AUTHORIZATION

“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 authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information the may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability -related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature of Applicant

Date

Please Note : This application shall be considered for the current open position for which you are currently applying for. When this position is filled, your application will expire.