



APPLICATION FOR EMPLOYMENT

Pier B & Silos Restaurant

Please download, fill out and sign the application and email to Cathy Lutzka at cathy.lutzka@pierbresort.com, or drop off at Pier B at 800 W. Railroad St, Duluth, MN 55802

First Name: _____ M.I.: _____ Last Name: _____

City/State/Zip: _____

Phone: _____ Email: _____

Position(s) applied for: _____ Date: _____

Are you legally eligible to work in the U.S.? Yes No (Proof of U.S. citizenship or immigration status is required if hired.)

EMPLOYMENT INFORMATION

PLEASE INDICATE THE HOURS YOU ARE AVAILABLE FOR WORK:							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start:							
End:							

Weekends? Yes No Holidays? Yes No

Are you currently employed? Yes No If hired, when could you start? _____

Education (highest level achieved)

Secondary: 9 10 11 12 G.E.D

College: 1 2 3 4 5+

1: _____ Location: _____ Degree/Major/Minor: _____

2: _____ Location: _____ Degree/Major/Minor: _____

3: _____ Location: _____ Degree/Major/Minor: _____

Work History – please attach your resume if you have one.

Company: _____	City/State _____	From To: _____
Position: _____	Duties: _____	
Salary Start/End: _____ / _____	Reason For Leaving: _____	
Supervisor's Name/Title: _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone: _____
Company: _____	City/State _____	From To: _____
Position: _____	Duties: _____	
Salary Start/End: _____ / _____	Reason For Leaving: _____	
Supervisor's Name/Title: _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone: _____
Company: _____	City/State _____	From To: _____
Position: _____	Duties: _____	
Salary Start/End: _____ / _____	Reason For Leaving: _____	
Supervisor's Name/Title: _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone: _____

AUTHORIZATION (please read carefully, then sign and date below) I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired. I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

AT-WILL EMPLOYMENT AGREEMENT I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature: _____ **Date:** _____

Name: (please print) _____