Application for Employment

Miller's Recreation, Inc.

311 Hecla St. Laurium, MI 49913 www.millerslanes.com 906-337-4601 millersrecreation@gmail.com

Date of Application	First Name	Last Name	Middle Initial			
Address (street name and number)		City	County			
State	Zip Code	Phone Number				
Availability		How were you referred to this job?				
Are you at least 18 years of age?		Are you able to work in the State of Michigan?				
Have you been convicted of a felony?						

Job(s) Applied For:

_____Waitress/Waiter (September-May)

_____Bartender (September-May)

_____Lane Maintenance/Bartender (Year round or September-May)

College

_____Cook (September-May)

Experience:

Circle Highest Level of Education: Did not complete high school High School GED

Trade School Graduate School

Schools	Name and Location	Dates Attended	Graduated?	Major/Minor Course Work	Type of Degree Received	
High School						
College/University						
Graduate or						
Professional						
Other Education						
Special Training						
Have you prepared and served alcoholic beverages at a previous job? If so, for how long?						
Have you waited tal	If so, for how	long?				
What is your level of expertise in bowling?						
What type of experience do you have working with computers?						
Have you made change and worked with a cash register at a previous job?						
Have you cooked at	a previous job?	If so, for how long?				

Have you worked with a POS (point of sales) system at a previous job?______

Work History (include volunteer experiences) Use additional sheets if necessary:

Current or Last Employer		Address				
Job Title		Supervisor Name	Telephone Number	Number of people you supervised		
Date Employed	Starting Salary	Ending/Current Salary	Reason for Leaving	May we contact		
From: To:	\$ per	\$ per		employer?		
Hours worked per week	Full time or Part time	List major duties, in orde	er of importance, you we	re required to perform		
Previous Employer		Address				
Job Title		Supervisor Name	Telephone Number	Number of people you supervised		
Date Employed	Starting Salary	Ending/Current Salary	Reason for Leaving	May we contact		
From: To:	\$ per	\$ per		employer?		
Hours worked per week	Full time or Part time	List major duties, in order of importance, you were required to perform				
Previous Employer		Address				
Job Title		Supervisor Name	Telephone Number	Number of people you supervised		
Date Employed	Starting Salary	Ending/Current Salary	Reason for Leaving	May we contact		
From: To:	\$ per	\$ per		employer?		
Hours worked per week	Full time or Part time	List major duties, in orde	er of importance, you we	re required to perform		
References	Name		Phone Number			
References	Name		Phone Number			

Would you like to tell us anything else about yourself?

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, former employers and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority GS 126-30, GS 14-122.1)

Michigan is an "At Will Employment" State. All employees of the company are employed "at will" which means either the employer or employee have the right to terminate the employment relationship for any reason, at any time with or without proving just cause, with or without notice.