



Best Western Icicle Inn
 J.J. Hills Restaurant
 Icicle Junction Activities Center
 Black Bear Café
 (509) 548-7000, 505 Highway 2
 Leavenworth WA 98826

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For _____		Date of Application _____	
How Did You Learn About Us?			
Advertisement	Friend	Inquiry	Employment Agency
Relative	Other _____		

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number (voluntary)		

Best time to contact you at home is: _____:_____ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? If Yes, give date _____ Yes No

Have you ever been employed with us before? If Yes, give date _____ Yes No

Do any of your friends or relatives, other than spouse, work here? Yes No

If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment

Date available for work _____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available _____ - _____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION			
School	Name and Address of School	# of Years Completed	Diploma/Degree
High School			
Undergraduate College			
Graduate/Professional			
Other (Specify)			

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Work Performed	Dates Employed	
Address		From	To
Telephone Number(s)			
Starting/Present Job Title		Hourly Rate/Salary	
Supervisor	May We Contact Yes No	Starting	Final
Reason for Leaving			

Employer	Work Performed	Dates Employed	
Address		From	To
Telephone Number(s)			
Starting/Present Job Title		Hourly Rate/Salary	
Supervisor	May We Contact Yes No	Starting	Final
Reason for Leaving			

Employer	Work Performed	Dates Employed	
Address		From	To
Telephone Number(s)			
Starting/Present Job Title		Hourly Rate/Salary	
Supervisor	May We Contact Yes No	Starting	Final
Reason for Leaving			

REFERENCES Do not include family members

Name	Phone Number	Occupation
1		
2		
3		

APPLICANT'S STATEMENT

I certify that answers herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand, also, that I am required to abide by all rules and regulations of the Employer.

_____ Signature of Applicant	_____ Date
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