

Boathouse Lakeside Bar and Grill
 107 VILLAGE MARINA RD
 LAKE OZARK, MO 65026
 PHONE: 573.365.1800
 FAX: 573.365.0777



Business Hours:
 Open Daily 8:00 a.m.-4:30 p.m.

APPLICANT INFORMATION

Last Name		First		M.I.	D.O.B.
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

Voluntary Applicant Survey

As an affirmative action employer, we are required to record the demographics of our applicants. This information does not influence decision making relating to any employment matter, and we appreciate your cooperation in providing this information.

Position applied for:

Date:

Voluntary Self-Identification

Sex: (Please check one):

☐ Male ☐ Female

Please indicate the race/ethnic group with which you identify:

- ☐ **Hispanic or Latino** – all persons of Mexican, Puerto Rican, Cuban, Central or South American, or South American, or other Spanish culture or origin, regardless of race (if you have selected this category, it is not necessary to select from the racial groups, found below).
- ☐ **Non-Hispanic/Latino** (if this category is checked, please select from the racial groups found below).

Racial Groups: If Non-Hispanic/Latino was selected above, please check one of the below race categories:

- ☐ **White (Not Hispanic or Latino)** – All person having origins in any of the original people of Europe, North Africa, or the Middle East
- ☐ **Black or African American (Not of Hispanic origin)** – All persons having origins in any of the black racial groups of Africa
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – Any persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- ☐ **Asian (Not Hispanic or Latino)** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam
- ☐ **American Indian or Alaskan Native (Not Hispanic or Latino)** – All persons having origins in any of the original peoples of North or South America, and who maintain cultural identification through tribal affiliation or community attachment
- Two or More Races (Not Hispanic or Latino) – all persons who identify with more than one of the above races

Decline Self Identification: If you do not wish to self identify your gender, ethnicity or race please check this box:

☐ I do not wish to self identify

Referral Source

How did you hear about this job opportunity?

Thank you

This information is submitted voluntarily, will be kept confidential, will be exclusively utilized for EEO statistical gathering and compliance purposes, and will not influence the application or hiring process.