

Lakeview Drive Inn 610 East Sarnia Street Winona, MN 55987 (507) 454-3723

Applicant Information									
Full Name:								Birthdate:	
	Last		Firs	t			М.І.		
Address:									
Audress.	Street Address							Ара	rtment/Unit #
	City						State	e ZIP	Code
Phone:					Email				
Both Parents Names:									
Position Applied for: Cook									
	Counter								
	Carhop								
Availability									
Please circle months you're available: March			April	Мау	June	July	August S	September	
Hours availa	able:								
Monday	Tuesday	Wedne	sday	Thurs	day	Friday	/	Saturday	Sunday
From:									
To:									
Are you involved in band, plays, sports, YES another job, etc.?				NO □					
If hired, do you need an extended period of time off to accommodate sports, band, YES vacations, etc.?				NO □					
lf yes, expla	in:								

Education								
High School	Address:	_						
From:	YES NO To: Did you graduate?	loma:						
College:	Address:							
From:	YES NO To: Did you graduate? □ □ De	gree:						
Personal Reference								
Please list one personal reference.								
Full Name:		Relationship:						
Phone:								
Previous Employment								
Company:		Phone:						
Address:		Supervisor:						
Responsibilities:								
May we contact your previous supervisor for a reference?								
Company:		Phone:						
Address:		Supervisor:						
Responsibili	ties:							
From:	To: Reason for Leaving	:						
May we con	YES NO tact your previous supervisor for a reference?							
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:_____