

PLEASE PRINT ALL INFORMATION  
REQUESTED EXCEPT SIGNATURE

RUTTGER'S BIRCHMONT LODGE  
7598 BEMIDJI RD NE  
BEMIDJI, MN 56601 (218) 444-3463

**APPLICATION FOR EMPLOYMENT**

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Present Address \_\_\_\_\_ Date of Birth (if under 18 today) \_\_\_\_\_  
 Permanent Address \_\_\_\_\_ Present Phone ( ) \_\_\_\_\_  
 Email Address \_\_\_\_\_ Permanent Phone ( ) \_\_\_\_\_

**TYPE OF WORK DESIRED** - Place numbers 1, 2, and 3 next to your first, second, and third choice.

\_\_\_\_\_ Host/Hostess \_\_\_\_\_ Food Server \_\_\_\_\_ Bartender \_\_\_\_\_ Line Cook \_\_\_\_\_ Prep Cook  
 \_\_\_\_\_ Dishwasher \_\_\_\_\_ Front Desk \_\_\_\_\_ Night Auditor \_\_\_\_\_ Breakfast Attendant  
 \_\_\_\_\_ Boathouse \_\_\_\_\_ Maintenance \_\_\_\_\_ Housekeeping \_\_\_\_\_ Food Runner/Expo \_\_\_\_\_ Pool Area

**Days/Hours NOT available to work**

\_\_\_\_\_  
 \_\_\_\_\_

Do you have any restrictions that may limit your work? [ ] Yes [ ] No

If yes, please explain \_\_\_\_\_

Are you a U.S. citizen? [ ] Yes [ ] No Will you be in school this summer? [ ] Yes [ ] No

If yes, please list your schedule \_\_\_\_\_ When can you start? \_\_\_\_\_

When do you have to quit in the fall? \_\_\_\_\_ Will you have a reliable means of transportation to work? [ ] Yes [ ] No

Do you know anyone who works for or has worked for Ruttger's Birchmont Lodge? [ ] Yes [ ] No

E D U C A T I O N		Name & Location of School	City	Dates	Graduate?	Subjects Studied
	High				[ ] Yes [ ] No	
	College				[ ] Yes [ ] No	
	College				[ ] Yes [ ] No	
	Military				[ ] Yes [ ] No	

**REFERENCES** - Please list three references other than relatives or previous employers that we may contact.

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Company \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone( ) \_\_\_\_\_

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 Company \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone( ) \_\_\_\_\_

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**WORK EXPERIENCE** - Please list your work experience with the **past three employers** beginning with your most recent job held.

Name of Employer Address City, State, Zip Code Phone Number	Name of Supervisor	Employment Dates	Pay or Salary
		From To	Start Final
	Your Last Job Title		

Reason For Leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer Address City, State, Zip Code Phone Number	Name of Supervisor	Employment Dates	Pay or Salary
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer(s)?  Yes  No      May we contact your former employer(s)?  Yes  No

Use the space below to summarize any additional information necessary to describe your full qualifications.

**EQUAL EMPLOYMENT OPPORTUNITY:** It is our policy to provide equal employment opportunity to all. All policies and practices will be administered without regard to race, color, national origin, religion, sex, age, marital status, sexual orientation, status with regard to public assistance or disability.

I certify that the facts contained in this application are, to the best of my knowledge, true and complete. I authorize investigation of all statements contained herein and the references and employers listed above to give you all information concerning my previous employment and any pertinent information they may have. I release the company from all liability for any damage that may result from utilization of this information

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_