### Blueberry Pines 39161 US 71 Menahga, MN 218-564-4653 www.blueberypines.com

Please complete the following application and return to us We will contact you to set up an interview if it appears you might be a fit.

Date:	Age (if under 18):
Name:	Birthdate (optional):
Address:	School Name (if in school):
Phone:	Grade: City:
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Pro Shop	Server (must be at least 16 years old)
<b>Grounds Crew</b>	Busperson / dishwasher (must be at least 14 years old)
Bartender (must be 18 years	old) Cook
**************************************	**************************************
Start Date:	Employer Name:
End Date:	Address:
	Phone: Supervisor:
	Job Title: Start Pay/End:
	Reason for leaving:
Start Date:	Employer Name:

End Date:		
	Phone: Supervisor: Start Pay/End:	
	Reason for leaving:	
Start Date:		
Eliu Date.	Auditss.	
	Phone: Supervisor:	
	Job Title: Start Pay/End:	
	Reason for leaving:	
*******	·*************************************	
1 5	ployed before (besides babysitting or for your family) please provide the ferences who know you from a work or school environment.	
	v	
Name	Phone Number	
Relationship How long has reference known you?		
Name	Phone Number	
Relationship	How long has reference known you?	

Name _	Phone Number
Relatio	onship How long has reference known you?
	**************************************
Name(s)	
Availab	ry Pines restaurant is open year-around. The golf course is seasonal starting in April through
am ava	ailable to begin work:/
f I am a	student, my last day of school is:/
can wo	ork until:/
can wo	ork days per week.
Ιc	an work any day of the week.
Ιc	annot work the following days of the week and reasons why not.
	ill require time off this summer for personal or academic reasons (i.e. vacation, school orientation, letics). Please note dates:

I certify that the above information is true and	complete to the best of my knowledge. I authorize		
Blueberry Pines to contact all sources necessary to verify this information. I understand that any			
misstatement or omission is sufficient grounds f	for immediate discharge.		
Signature	Date		