



Fogle Enterprises Inc. 301 N. Francis Street, Branson, MO 65616 (417)334-0754

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

Fogle Enterprises Inc. is an
Equal Opportunity Employer
is committed to excellence
through diversity.

Date _____

Name: _____
Last First Middle Maiden

Current Address: _____
Number Street City State Zip

Cell Phone: () Email: _____

Are you 16 years of age or older? ☐ Yes ☐ No (Proof of age or a work permit may be required)

Are you legally able to be employed in this country? ☐ Yes ☐ No (If hired, verification will be required by law)

Applying For: ☐ Server ☐ Bartender ☐ Host/Hostess ☐ Line Cook/Food Prep

(Check All That Apply) ☐ Food Expediter ☐ Dishwasher ☐ Busser ☐ General Jobs

How many hours are you looking to work? ☐ 0-16 hours ☐ 16-20 hours ☐ 20-35 hours ☐ 35+ hours

Date You Can Start: _____ Wage Desired Per Week: _____

Please Check (✓) the shifts you are available to work (hours may vary):

Availability:	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.
OPEN a.m.							
LUNCH a.m./p.m.							
DINNER p.m.							
CLOSE p.m./a.m							

Have you ever applied or worked for Fogle Enterprises before? ☐ Yes ☐ No

If Yes, where? _____
Location Dates Supervisor's Name

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
HIGH SCHOOL				
COLLEGE				
BUS. OR TRADE SCHOOL				
PROFESSIONAL SCHOOL				

REFERENCES: (PLEASE DO NOT USE FAMILY MEMBERS)

Name: _____ Telephone: () _____ Years Known: _____

Address: _____ City: _____ State: _____

Name: _____ Telephone: () _____ Years Known: _____

Address: _____ City: _____ State: _____

Most Recent Employment:

1. Company: _____ Position: _____

Dates: from _____ / _____ / _____ to _____ / _____ / _____ Supervisor: _____

City: _____ State: _____ Phone: _____

Last Rate of Pay: _____ Reason of Leaving: ☐ Resigned with Notice ☐ Resigned without Notice ☐ Terminated

2. Company: _____ Position: _____

Dates: from _____ / _____ / _____ to _____ / _____ / _____ Supervisor: _____

City: _____ State: _____ Phone: _____

Last Rate of Pay: _____ Reason of Leaving: ☐ Resigned with Notice ☐ Resigned without Notice ☐ Terminated

Do we have your permission to contact your current employer? ☐ Yes ☐ No

If NO, please explain: _____

My signature confirms that all the information given on this application form is true and complete. I understand that any falsification of deliberate omissions may disqualify my application or lead to my dismissal. I confirm that I am entitled to work in the USA and can provide original documentation to confirm this. I understand that my employment is subject to references that are satisfactory to Fogle Enterprises.

Signed: _____ Date: _____