

APPLICATION FOR EMPLOYMENT

PLEASE CHECK OFF THE RESTAURANT YOU ARE INTERESTED IN WORKING AT:



We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, disability or national origin.

DATE

MONTH	DAY	YEAR
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PERSONAL INFORMATION |

NAME: LAST _____ FIRST _____ MIDDLE _____

HAVE YOU EVER BEEN KNOWN BY A DIFFERENT NAME? _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOW LONG HAVE YOU LIVED THERE? _____ EMAIL _____

TELEPHONE #: HOME () _____ CELL () _____

ARE YOU 18 YEARS OR OLDER? YES OR NO (CIRCLE ONE) IF NO, STATE YOUR AGE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES OR NO (CIRCLE ONE)

EMPLOYMENT DESIRED |

ARE YOU APPLYING FOR: FULL TIME OR PART TIME (CIRCLE ONE)

POSITION DESIRED _____

DATE YOU CAN START

MONTH	DAY	YEAR
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ARE YOU AVAILABLE FOR: NIGHTS WEEKENDS HOLIDAYS (CHECK ALL THAT APPLY)

EDUCATION |

		NAME & LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED				GRADUATED	
			1	2	3	4	YES	NO
HIGH SCHOOL OR GED	NAME:						YES	NO
	CITY:		STATE:					
COLLEGE/ VOCATIONAL	NAME:						YES	NO
	CITY:		STATE:					

EMPLOYMENT RECORD |

LIST YOUR LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST. MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

DATE (MM/YY)	NAME & ADDRESS OF EMPLOYER	SALARY (UPON LEAVING)	POSITION	REASON FOR LEAVING
FROM: _____ TO: _____	NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____	\$		
FROM: _____ TO: _____	NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____	\$		
FROM: _____ TO: _____	NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____	\$		

REFERENCES

LIST BELOW TWO PERSONS NOT RELATED TO YOU

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED

PLEASE CHECK THE SLOTS AVAILABLE TO WORK

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
LUNCH							
DINNER							

PLEASE GIVE ANY FURTHER INFORMATION WHICH MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.
(PLEASE ATTACH YOUR RESUME IF AVAILABLE)

AUTHORIZATION

I certify that the facts contained in this application (and attached resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned to a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I agree and understand that nothing contained in this application or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice at the option of either myself or the Company. No promises regarding employment have been made to me and I understand that no such promises or guarantee is binding upon the Company unless made in writing.

If I am offered employment, I agree to submit to a medical examination and/or drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment to the extent permitted by law is contingent upon satisfactory medical examinations and drug tests and if I am hired a condition of employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. I agree to abide by all the Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part at any time.

SIGNATURE _____ DATE _____

PRINTED NAME _____