



Personal Information

Name:	<i>First</i>	<i>last</i>	<i>Middle Initial</i>
Address:			
City:	State	ZIP	
Telephone Number(S):			

Job Interest

Position Applying FOR?						
Have YOU ever Applied OR ever Worked here before?						<input type="checkbox"/> YES <input type="checkbox"/> NO
IF hired, Would YOU have Reliable Means OF transportation to And FROM WORK?						<input type="checkbox"/> YES <input type="checkbox"/> NO
Indicate Availability to WORK: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> DAYS <input type="checkbox"/> Evenings						
Please Indicate Available WORK hours On each DAY OF the Week listed below						
Monday	Tuesday	Wednesday	Thursday	FRIDAY	Saturday	Sunday
Are YOU At least 1 8 Years Old? (IF Under 1 8, hire IS Subject to Verification OF WORK Permit)						<input type="checkbox"/> YES <input type="checkbox"/> NO
IF hired, Can YOU Present evidence OF YOUR U.S. Citizenship OR PROOF OF YOUR legal Right to Live And WORK In this Country?						<input type="checkbox"/> YES <input type="checkbox"/> NO
Have YOU ever been Convicted OF A Crime? IMPORTANT: DO NOT Answer YES FOR Any Conviction that: (1) has been Judicially Ordered Sealed, expunged, OR Statutorily eradicated; (2) Relates to An Offense FOR Which YOU Were Referred to, And Participated In, Any Pretrial OR Post trial Diversion PROGRAM; (3) Relates to A Misdemeanor FOR Which Probation has been Successfully Completed OR Otherwise Discharged And the Case has been Judicially Dismissed; OR (4) Relates to A Marijuana Related Misdemeanor that Occurred More than two Years AGO.						<input type="checkbox"/> YES <input type="checkbox"/> NO
<small>(NO Applicant Will be Denied employment Solely On the Grounds OF Conviction OF A Criminal Offense. The nature OF the Offense, Date OF Offense, Surrounding Circumstances, And the Relevance OF the Offense to the Position(S) Applied FOR MAY, however, be Considered.)</small>						

Education

	Name OF School	Location	Special Training/MAJOR	Graduate?
High School				
College				
Trade School				

Employment History (Please list YOUR last FOUR employers)

Employer:	Job Title:
Phone Number:	Supervisor's Name:
Address:	Starting PAY (hourly) \$ Ending PAY \$
Employment Dates (MO/YR) FROM to	MAY We Contact FOR A Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO
Duties:	Reason FOR leaving:

Employer:	Job Title:
Phone Number:	Supervisor's Name:
Address:	Starting PAY (hourly) \$ Ending PAY \$
Employment Dates (MO/YR) FROM to	MAY We Contact FOR A Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO
Duties:	Reason FOR leaving:

Employer:	Job Title:
Phone Number:	Supervisor's Name:
Address:	Starting PAY (hourly) \$ Ending PAY \$
Employment Dates (MO/YR) FROM to	MAY We Contact FOR A Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO
Duties:	Reason FOR leaving:

Employer:	Job Title:
Phone Number:	Supervisor's Name:
Address:	Starting Pay (hourly) \$ Ending Pay \$
Employment dates (mo/Yr) From to	May We Contact for a reference? Yes ~ NO
Duties:	Reason for leaving:

Other than the employment described above, please briefly describe any other employment YOU have held in the restaurant industry

Briefly describe any other reasons or experience that demonstrates why YOU believe YOU are qualified for employment with US

Professional References

List 3 Persons not related to YOU who have Knowledge of Your Work Performance Within the last 3 Years.

Name	Telephone Number
Address	Company
Occupation	# Years acquainted

Name	Telephone Number
Address	Company
Occupation	# Years acquainted

Name	Telephone Number
Address	Company
Occupation	# Years acquainted

Please read Carefully, Initial Each Paragraph, and Sign Below

_____ Initials

I hereby Certify that I have not Knowingly Withheld any Information that might adversely affect my Chances for employment and that the answers given by me are true and Correct to the best Of my Knowledge. I further Certify that I, the Undersigned applicant, have Personally Completed this application. I Understand that any Omission Or misstatement Of material fact On this application Or On any document Used to Secure employment Shall be grounds for rejection Of this application Or for Immediate discharge If I am employer, regardless Of the time elapsed before discovery.

_____ Initials

I hereby authorize thorough Investigation Of my references, Work record, education, and Other matters related to by Suitability for employment, and further, authorize the references I have listed to disclose to the Company all letters, reports, and Other Information related to my Work records, Without giving me Prior notice Of Such disclosure. In addition, I hereby release the Company, my former employers, and all Other Persons, Corporations, Partnerships, and associations from any and all Claims, demands, Or liabilities arising Out Of Or In any Way related to Such Investigation Or disclosure.

----- Initials

I understand that nothing Contained In the application, Or Conveyed during any Interview that may be granted or during my employment, if hired, IS intended to create an employment Contract between the Company and me. In addition, I Understand and agree that If I am employed, my employment IS for no definite Or determinable Period and may be terminated at any time, With Or Without Prior notice, at the Option Of either myself Or the Company, and that no Promises Or representations Contrary to the foregoing are binding On the Company Unless made In Writing and Signed by me and the Company representative.

----- Initials

Should Personnel employed by the Company Conduct a Search of Public records, I am entitled to Copies Of any Such Public records Obtained by the Company. If a background Check IS performed, the Company Will Comply With all federal and State background Check notice and disclosure Procedures and the Company recognizes that this application IS not by Itself Sufficient for full Compliance With these laws.

Applicant's Signature

Date