

(First)



## **Personal Information**

Name (Last)

Today's Date \_\_\_\_\_

(Middle)

Home Address	8		City			State	Zip	
Home Telepho	one			Business Tele	ephone			
( )				( )				
Position Ap	plying l	For:						
Have you e	ver worl	ed for any of	our other brands? ( U	Intown Marke	et Cona Kitcher	n & Bar or Δ & Hau	uality food) VFS or	NO
•		•			-	_	•	
If yes, which	h entity	?		Reas	on for leaving	·		
Date Availa	able for	Work:			Wage De	esired:		
Are you int	erested i	n:						
Full-time	Par	t Time	Summer Da	vs Ev	ening C	)vertime		
			2					
If you are u	nder 18	years of age,	please provide your o	late of birth_				
Days and	Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
hours available.								
Complete if applying for	From							
restaurant position.	То							
Education								
Type of School			Name and Location of School			Degree/Area of Study	Number of Years Attended	Graduated? (Check One)
High Scho		Name Address						Yes No
	Cit	City State Zip						
College	Naı	ne	Address					Yes No
	Cit	y	State	Zip				

Other	Name	Address			Yes No
	City	State	Zip		

**U.S. Military Service** 

Branch of Service	Technical Specialization	Rank Attained

Previous Employment							
List employment starting with your more recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.							
May we contact your present employer? Yes No Past employer? Yes No Please indicate if you were employed under a different name.							
DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY OR WAGES	REASON FOR LEAVING		
From:/_ mo. yr. To:/_ mo. yr.							
From:/ mo. yr. To:/ mo. yr.							
From:/ mo. yr. To:/ mo. yr.							
From:/ mo. yr. To:/ mo. yr.							

## References

Please list three people, who are not related to you, that you have known for at least one year, and whom we may contact as additional references.

NAME	HOW DO YOU KNOW THIS PERSON?	YEARS KNOWN	PHONE NUMBER	ADDRESS
	_			

statements, omissions, or	tained in this application at misrepresentations on this	re true and complete to the lapplication or during the er I have been employed, no r	nployment process may be	considered sufficient			
I authorize the company to personally contact my former employers and references to obtain relevant information about my qualifications for employment. I hereby release and authorize my former employees and references to provide lawful information about me to the Company. I further authorize the Company, or its designated agent, to thoroughly investigate my background, references, education, criminal record, employment record, and other matters related to my suitability for employment.							
I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create or does create an employment contract. I further understand that if I am hired, my employment will be at-will, which means that it is for no definite period and may be terminated at any time, without cause, or prior notice, at the option of either myself or the Company.							
I understand that employment is contingent upon my complying with the employment verification requirements of the Immigration Reform and Control Act.							
I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire me.							
If hired, I agree to abide by all Company work rules, policies, and procedures relating to work performance and conduct.							
I UNDERSTAND THAT THE COMPANY WILL ONLY CONSIDER THIS APPLICATION FOR 60 DAYS, AND THAT I WILL HAVE TO COMPLETE A NEW APPLICATION IF I WANT TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT PERIOD OF TIME.							

## **Equal Employment Opportunity**

Applicant's Signature: \_

We are an equal opportunity employer. We do not base our employment decisions on an employee's or applicant's race, sex, sexual orientation, age, religion, color, national origin, citizenship, disability, handicap, veteran status, or any other factor prohibited by local state, or federal law. Any applicant who requires accommodation to perform the essential functions of the job for which they are applying should contact the Human Resources Manager.

\_ Date Signed\_\_