

# EMPLOYMENT APPLICATION

Position(s) applying for:

- General Manager       Assistant Manager       Shift Lead       Kitchen Lead  
 Service Lead       Kitchen Associate       Counter Associate       Delivery Associate

How did you hear about this job opening? \_\_\_\_\_

## PERSONAL INFORMATION

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Social security number: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

- Are you at least 16 years of age?  Yes  No
- Are you at least 18 years of age?  Yes  No
- Are you legally able to work in the United States?  Yes  No
- Are you proficient in English?  Yes  No
- Have you ever been convicted of a felony?  Yes  No
- Do you have reliable transportation?  Yes  No
- Do you regularly smoke?  Yes  No

## SCHEDULE AVAILABILITY & FLEXIBILITY

Please list when you are available to work, from a.m. to p.m. If you are *completely available* on a particular day, leave that box blank. If you are *completely unavailable* on a particular day, cross that box out.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
to	to	to	to	to	to	to

Please list the shifts you would *prefer* to work, from a.m. to p.m.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
to	to	to	to	to	to	to

Please list the shifts you would *prefer not* to work, from a.m. to p.m.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
to	to	to	to	to	to	to

- Are you willing to work weekends?  Yes  No
- Are you willing to work holidays?  Yes  No
- Are you willing to work flex shifts?  Yes  No
- Are you willing to work split shifts?  Yes  No
- Are you willing to work overtime?  Yes  No
- Are you willing to stay late if needed?  Yes  No

If hired, when would you be available to start? \_\_\_\_\_



Address: \_\_\_\_\_  
Street City State Zip

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Please circle how this employer would rate you on the following characteristics.

	1 (Poor)	2 (Below average)	3 (Average)	4 (Above average)	5 (Excellent)
Dependability	1	2	3	4	5
Initiative	1	2	3	4	5
Flexibility	1	2	3	4	5
Coachability	1	2	3	4	5
Teamwork	1	2	3	4	5

Are you eligible for rehire?  Yes  No May we contact this employer?  Yes  No

## EDUCATION

Please circle the years of schooling you've completed.

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 GED College: 1 2 3 4 5 6 7 8

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Location: \_\_\_\_\_ Location: \_\_\_\_\_ Location: \_\_\_\_\_

Major: \_\_\_\_\_

## REFERENCES

Please list your personal references, including only non-family members.

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

## QUESTIONS

Why do you want to work here? \_\_\_\_\_

Why should we hire you? \_\_\_\_\_

I have personally completed this application. I affirm that all information in this application is true and complete. I understand that any misrepresentations, false statements, or omission of facts shall be grounds for refusal of employment, or if hired, termination. I understand that an incomplete application will make me ineligible for employment. I authorize this company to make an investigation of all information contained in this application, and I release my current and former employers and co-workers from liability for providing, verifying, and elaborating on said information to this company. I understand that this application is valid and active for only thirty (30) days, after which it expires.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_