

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER



SOCIAL SECURITY NO.		LAST NAME		FIRST NAME		M.I.	PHONE () -	
STREET ADDRESS			APT. NO.		CITY & STATE			ZIP CODE
AVAILABLE TO WORK		YES	NO	PLAN TO WORK		POSITION DESIRED:		
FULL TIME				TEMPORARY				
PART TIME				SUMMER				
WEEKENDS				ONE YEAR				
EVENINGS				MORE THAN 1 YEAR		WILLING TO RELOCATE?		WHEN CAN YOU START?
						___ YES ___ NO		/ /
IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE 18 YEARS OF AGE, OR IF UNDER 18 DO YOU HAVE A PERMIT TO WORK? ___ YES ___ NO						WILL YOU BE ABLE TO PERFORM THE FUNCTIONS DEMANDED BY THE JOB FOR WHICH YOU ARE APPLYING? ___ YES ___ NO		
ARE YOU CURRENTLY EMPLOYED? IF SO, BY WHOM? ___ YES ___ NO						HAVE YOU EVER BEEN CONVICTED OF A FELONY? (NOTE: A YES ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT.) IF YES, PLEASE EXPLAIN: ___ YES ___ NO		
IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE UNITED STATES? ___ YES ___ NO								
BE ADVISED THAT ALL APPLICANTS WHO ARE OFFERED POSITIONS MAY BE REQUIRED TO UNDERGO A PHYSICAL EXAMINATION BEFORE COMMENCING EMPLOYMENT IN ORDER TO ESTABLISH THEIR ABILITY TO PERFORM THE FUNCTIONS OF THE JOB OFFERED.								
LIST ALL HIGH SCHOOL, COLLEGE OR TECHNICAL TRAINING						NO. OF YEARS COMPLETED		DEGREE OR CERTIFICATE
1)								
2)								
3)								
WORK EXPERIENCE: LIST MOST RECENT EMPLOYERS, BEGINNING WITH CURRENT EMPLOYER								
1	NAME			DUTIES			FROM / /	
	ADDRESS			PHONE () -		NAME & TITLE OF SUPERVISOR		TO / /
	CITY		STATE	ZIP CODE		WHY DID YOU LEAVE?		FINAL WAGES \$ _____
2	NAME			DUTIES			FROM / /	
	ADDRESS			PHONE () -		NAME & TITLE OF SUPERVISOR		TO / /
	CITY		STATE	ZIP CODE		WHY DID YOU LEAVE?		FINAL WAGES \$ _____
3	NAME			DUTIES			FROM / /	
	ADDRESS			PHONE () -		NAME & TITLE OF SUPERVISOR		TO / /
	CITY		STATE	ZIP CODE		WHY DID YOU LEAVE?		FINAL WAGES \$ _____
IF NOT CURRENTLY EMPLOYED, STATE REASON FOR AND LENGTH OF TIME SINCE MOST RECENT EMPLOYMENT:								
IMPORTANT – PLEASE READ AND SIGN THE FOLLOWING:								
<p>THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE IN ALL RESPECTS . I AGREE THAT IF THE INFORMATION IS FOUND TO BE FALSE IN ANY RESPECT, INCLUDING OMISSION OF INFORMATION, I WILL BE SUBJECT TO DISMISSAL WITHOUT NOTICE AT ANY TIME. I AUTHORIZE YOU TO INVESTIGATE ALL INFORMATION IN THIS APPLICATION. I HEREBY AUTHORIZE MY FORMER EMPLOYERS TO RELEASE INFORMATION PERTAINING TO MY WORK RECORD, HABITS AND PERFORMANCE. I HEREBY FURTHER ACKNOWLEDGE THAT I AM EXPECTED TO ABIDE BY ALL STEAM PLANT GRILL RULES AND REGULATIONS, WRITTEN OR UNWRITTEN, PROMULGATED BY THE COMPANY, MY MANAGER OR SUPERVISOR, BUT THAT SUCH RULES AND REGULATIONS DO NOT CREATE A CONTRACT BETWEEN ME AND STEAM PLANT GRILL, AND THAT MY EMPLOYMENT CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, AT THE OPTION OF EITHER MYSELF OR STEAM PLANT GRILL. I UNDERSTAND AND AGREE THAT ANY HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE A STATEMENT OF STEAM PLANT GRILL'S CURRENT POLICIES. NO MANAGEMENT REPRESENTATIVE HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING WITH THE EXCEPTION OF THE OWNER(S) OF STEAM PLANT GRILL IN WRITING.</p>								
SIGNATURE						DATE / /		