



Application for Employment

All qualified applicants for employment receive consideration for employment without regard to race, color, religious affiliation, sex, national origin, age sexual orientation, gender variance, marital status, veteran status, disability, or any other status protected by applicable law or regulation. This application is valid for 60 days.

Today's Date: _____

Personal Information:

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|---|--|
| Name (Last, First, Middle): | Telephone number where you can be contacted: |
| Present Address (No., Street, City, State, Zip): | |
| In case of emergency contact (Name, phone, Street, City, State, Zip): | Are you at least 16 yrs. Of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you of legal age to serve alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: |
| Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Employment Interests/Skills:

| | | |
|--|---|---|
| Position(s) applying for: | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | Can you work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you work Sundays? <input type="checkbox"/> Yes <input type="checkbox"/> No Approximately how many hours per week do you want to work? _____ |
| Date Available: | Days or times you cannot work: | |
| Have you been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any objections to purchasing a uniform as a condition of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have any friends or relatives working here? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", who? | | |
| Do you have any medical condition that might affect your ability to work here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | | |

Employment History:

Please list all jobs, beginning with your present or last employer. Account for all periods, including unemployment, self-employment, and military service.

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|------------------------------|----------|---|--|
| 1. Company Name and Address: | | Job Title: | May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Supervisor (Name, title, and telephone number): | |
| Dates Employed: | | Duties & Responsibilities: | Reason for Leaving: |
| Start M/Y: | End M/Y: | | |
| 2. Company Name and Address: | | Job Title: | May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Supervisor (Name, title, and telephone number): | |
| Dates Employed: | | Duties & Responsibilities: | Reason for Leaving: |
| Start M/Y: | End M/Y: | | |

Employment History:

| | | | |
|------------------------------|----------|---|--|
| 3. Company Name and Address: | | Job Title: | May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Supervisor (Name, title, and telephone number): | |
| Dates Employed: | | Duties & Responsibilities: | Reason for Leaving: |
| Start M/Y: | End M/Y: | | |

| | | | |
|------------------------------|----------|---|--|
| 4. Company Name and Address: | | Job Title: | May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Supervisor (Name, title, and telephone number): | |
| Dates Employed: | | Duties & Responsibilities: | Reason for Leaving: |
| Start M/Y: | End M/Y: | | |

Employment References:

| NAME | ADDRESS/TELEPHONE | RELATION TO APPLICANT |
|------|-------------------|-----------------------|
| | | |
| | | |
| | | |

Education:

| | School Name & Location | Highest Grade/Level Achieved: |
|---|------------------------|-------------------------------|
| High School: | | |
| | | |
| College, Vocational, Graduate, Etc. | | |
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State any additional information you feel may be helpful to us in considering your application:

I certify the information set forth in this application for employment is true and complete to the best of my knowledge and belief and I agree you may investigate my statements. I understand that any information provided in this application found to be false will disqualify me from consideration for employment. I further understand that, if after employed, any information provided on this application or provided in connection with my application for employment is found to be false, Fat Albert's Restaurant may terminate my employment and I acknowledge that under such circumstances, I shall have no cause of action or recourse against Fat Albert's Restaurant based thereon. I agree to permit all past employers to give to Fat Albert's Restaurant any information concerning me and release them, and Fat Albert's Restaurant, from any liability in furnishing or collecting such information. I understand that my employment and, if employed, my continued employment is conditioned upon my consent to and successful completion of a background examination/investigation as may be deemed advisable or as may be required by Fat Albert's Restaurant. I agree to any such background examination/investigation and agree to waive any and all claims against Fat Albert's Restaurant in connection with any background examination/investigation involving my application for employment and any subsequent employment. I understand that the scope of any background examination/investigation is dependent upon the position for which I apply. A background examination/investigation may include a seven (7) year criminal history, credit report, driving record, reference check, education and credential confirmation, and other background information as permitted pursuant to the Fair Credit Reporting Act, 15 U.S.C. §§ 1681, et. seq., and any applicable state Credit Reporting Acts/statutes/laws. I agree that if I am employed by Fat Albert's Restaurant, my employment is "at-will," meaning that it is at the will of either party, that either Fat Albert's Restaurant or I may terminate my employment at any time, for any reason, with or without notice. I understand and acknowledge that nothing contained in this application, nor any statements made by Fat Albert's Restaurant, its representatives, management or supervisors shall constitute any promise, guarantee or contract regarding employment. Notice: All offers of employment are contingent upon your production of proper documentation proving your eligibility to work within the United States.

Applicant's Signature _____ **Date** _____