

PRE INTERVIEW SCREENING

You must be able to answer yes to statements 1 through 7.
Please place a check mark or write yes on each line.

- 1.) I AM AVAILABLE TO WORK
FROM 5:45 a.m. AND 4:00 p.m. ,
WEEKENDS AND ALL HOLIDAY/LONG WEEKENDS
- MLK DAY, PREZ DAY, MEM. DAY LBR DAY,
VETERAN'S DAY, ETC.

- 2.) I DO NOT HAVE ANY EXISTING PLANS FOR
UPCOMING HOLIDAYS (T-GIVING /CHRISTMAS)
THAT WILL REQUIRE TIME OFF ?

- 3.) I AM LOOKING TO WORK (please check your preference)
FULL TIME
 2 WEEKDAYS AND BOTH WEEKEND DAYS
PART TIME I.E.
 WEEKENDS ONLY
 I AM WILLING TO WORK
ALMOST EVERY WEEKEND ?

- 4.) I HAVE RELIABLE TRANSPORTATION AND
I AM WILLING TO DRIVE TO OTHER LOCATIONS
WITHIN A 15 MILE RADIUS ?

- 5.) I AM WILLING TO OCCASIONALLY WORK OTHER
POSITIONS I.E.HOST /HOSTESS / EXPEDITER?

- 6.) I UNDERSTAND THAT I MUST COMPLETE A TRAINING
PERIOD & TESTING .
PRIOR TO GOING ON TO THE FLOOR ?

- 7.) I REALIZE THAT MY APPEARANCE AND ATTITUDE
ARE CRITICAL ELEMENTS OF MY JOB PERFORMANCE .

I AM AVAILABLE TO START ? ____/____/____

NAME _____

SIGNATURE _____

PHONE (____) _____ (____) _____



APPLICATION FOR EMPLOYMENT

Discrimination in employment because of race, creed, color, national origin, ancestry, age, sex, physical mental handicaps, or liability for service in the armed forces of the U.S. is prohibited by federal legislation and/or by laws against discrimination in some states.

Restaurant Location: _____



Position Preferred: _____

PERSONAL	LAST NAME		FIRST		MIDDLE INITIAL	PHONE
	STREET ADDRESS			CITY	STATE	ZIP CODE
	NAME AND PHONE OF PERSON TO BE NOTIFIED FOR EMERGENCY					
	KNOWN PHYSICAL DEFECTS WHICH COULD AFFECT YOUR ABILITY TO PERFORM POSITION BEING APPLIED FOR:					
	IS YOUR CITIZENSHIP OR IMMIGRATION STATUS SUCH THAT YOU CAN LAWFULLY WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO IF HIRED, CONTINUED EMPLOYMENT MAY BE DEPENDENT UPON PROOF OF CITIZENSHIP OR PRESENTATION OF AN ALIEN REGISTRATION NUMBER.					
	ARE YOU: <input type="checkbox"/> 14-15 <input type="checkbox"/> 16-17 <input type="checkbox"/> 18 OR OLDER IF UNDER 18, PROOF OF AGE MUST BE PROVIDED PRIOR TO HIRING					

EDUCATION	NAME OF SCHOOL AND ADDRESS	DATES		GRAD- UATED		NUMBER OF COLLEGE CREDIT HOURS	MAJOR	AVERAGE
		FROM (Mo./Yr.)	TO (Mo./Yr.)	YES	NO			
	JUNIOR HIGH							
	HIGH SCHOOL							
	COLLEGE							
	OTHER							
EXTRACURRICULAR ACTIVITIES						CURRENTLY ENROLLED IN HIGH SCHOOL/WORK/STUDY PROGRAM <input type="checkbox"/> YES <input type="checkbox"/> NO		

GENERAL/ACTIVITIES	DATE AVAILABLE TO START								
	DAYS AND HOURS AVAILABLE TO WORK	DAY FROM TO	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	WHAT INTERESTED YOU IN OUR RESTAURANTS?								
	WHAT ARE YOUR HOBBIES, SPECIAL INTERESTS, AND ACTIVITIES? (Do not include those indicating race, creed, nationality or religion)								
	HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN A TRAFFIC VIOLATION? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, STATE CHARGE, COURT, DATE AND DISPOSITION OF CASE								
ARE YOU SUBJECT TO A CHILD SUPPORT ORDER AND WAGE WITHHOLDING? <input type="checkbox"/> NO <input type="checkbox"/> YES									

EMPLOYMENT/WORK EXPERIENCE

COMPANY NO. 1 (Present or most recent employer)		ADDRESS/PHONE NUMBER	
EMPLOYED (Month & Year) FROM TO	RATE OF PAY START	ENDING	AVERAGE NUMBER OF HOURS WORKED PER WEEK
POSITION(S) HELD		SUPERVISOR'S NAME/POSITION	
DESCRIBE YOUR DUTIES			
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DAYS LOST FROM WORK		
REASON FOR LEAVING			
COMPANY NO. 2		ADDRESS/PHONE NUMBER	
EMPLOYED (Month & Year) FROM TO	RATE OF PAY START	ENDING	AVERAGE NUMBER OF HOURS WORKED PER WEEK
POSITION(S) HELD		SUPERVISOR'S NAME/POSITION	
DESCRIBE YOUR DUTIES			
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DAYS LOST FROM WORK		
REASON FOR LEAVING			

We have a vital interest in maintaining safe, healthful and efficient working conditions for its employees. By signing this Application, the applicant understands and voluntarily agrees to submit to a blood, urine and/or breath test for pre-employment drug screening. Any applicant who is unwilling to agree to these conditions should not apply for employment with the company.

If hired, I agree to take a blood, urine and /or breath test at any time that the company requests so that the company can determine whether I have been using alcohol or illegal drugs. I understand that any test results that show (1) the presence of any illegal drug or (2) a blood alcohol content that indicates impairment may be cause for disciplinary action, including dismissal.

I also understand that my refusal to take a test immediately after a request is made by the company may be cause for disciplinary action, including dismissal.

APPLICANT'S SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

COMPANY NO 1 REFERENCE CHECK		GOOD	AVERAGE	POOR
APPLICANT ELIGIBLE FOR REHIRE:	<input type="checkbox"/> YES <input type="checkbox"/> NO	ATTENDANCE: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATES OF EMPLOYMENT VERIFIED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	PERFORMANCE: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHECKED BY:	CONTACTED:	DATE:		
COMPANY NO 2 REFERENCE CHECK		GOOD	AVERAGE	POOR
APPLICANT ELIGIBLE FOR REHIRE:	<input type="checkbox"/> YES <input type="checkbox"/> NO	ATTENDANCE: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATES OF EMPLOYMENT VERIFIED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	PERFORMANCE: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHECKED BY:	CONTACTED:	DATE:		