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**HOURLY RESTAURANT APPLICATION**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
No. Street City State Zip

Position Applying For: \_\_\_\_\_  
Job Title Department

Are you at least 19 years of age?  Yes  No

How did you learn of this opening? (Be specific) \_\_\_\_\_

Do you have the right to work in the U.S.?  Yes  No

Rate of pay requested \$ \_\_\_\_\_ per \_\_\_\_\_ Date available to start work? \_\_\_\_\_

Please indicate the hours that you are available to work:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
/	/	/	/	/	/	/

Have you ever been convicted of a felony?  Yes  No  
 (A conviction will not necessarily bar an applicant from employment) If yes, explain: \_\_\_\_\_

Please list below three references you have known for at least one year. (Please exclude relatives)

Name & Occupation	Address	Phone Number
1		
2		
3		

Type of School	Name & Address	Course of Study	Did you Graduate?	List Degree or Diploma
High School				
College				
Business or Trade				
Other				

**WORK HISTORY (LIST MOST RECENT EMPLOYER FIRST)**

List your complete employment history, but do not provide dates of employment held more than five years ago.

Dates of Employment	Name & Address	Job duties(title)	Starting Pay	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

May we contact the past and/or present employers listed?  Yes  No

If no, indicate those you do not want us to contact: \_\_\_\_\_

Are you known to schools/references by another name?  Yes  No

If yes, please indicate the name(s): \_\_\_\_\_

I authorize investigation of all statements contained in this application, except where I have requested on this form that no investigation be made. I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I HEREBY AGREE and understand that if hired, my employment is for an indefinite period of time; that regardless of how long I work for you, I may be disciplined, laid-off, and/or discharged at any time with or without cause and with or without prior notice; and that I, at all times during my employment, serve merely at the will and option of my employer, notwithstanding any other express or implied, written or oral policies, practices, procedures, or statements by any individual which have been or may be made to the contrary. I understand that if hired, I will be an employee at will.

**SERVER APPLICANTS ONLY**

If permitted by State Law, the company will take the applicable tip credit, also, if tip allocation is required, I, the undersigned, agree that allocating tips based on hours worked per tipped employee reflects a good faith approximation of the actual distribution of income among the tipped employee in this establishment. NOTE: IRS rules require that the allocation method "reflect a good faith approximation of the actual distribution of tip income.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**TO BE COMPLETED AFTER HIRE**

Employment By: \_\_\_\_\_ Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ Start Rate: \_\_\_\_\_ Shift: \_\_\_\_\_