## APPLICATION ACCEPTED

ALL FIGATION ACCELLED						
DATE	TIME					
1 1	: AM PM					



## MANAGER WILL CONTACT

DATE TIME
/ / : AM
PM

HOURLY RESTAU	RANT APPLICATION	ON					
WE ARE AN EQUAL OPPORTUNITY EMPLOYER							
Date:							
Name:		First		Social Securit	y No.:		
Last		First	MI				
Address: No.	Street	City	State	Zip Phon	e No.:		
140.	oucci	Oity	Otate	ے. ا			
Positon Applying F	or:	Job Title			Department		
Are you at least 19	years old?	☐ Yes □	l 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 reques	sted \$	per	Date a	available to start wo	rk?		
Please indicate the hours that you are available to work:							
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
Have you ever been convicted of a felony?							
Please list below th	nree references you	have known for at le	east one year. (Plea	se exclude relatives	)		
Name	e & Occupation	Addre	ess		Phone Number		
1							
2							
3							

Type of School	Name & Address	Course of Study	Did you Graduate?	List Degree or				
	Name & Address	Course of Study		Diploma				
High School			☐ Yes ☐ No					
College			☐ Yes ☐ No					
Business or Trade			Yes No					
Other			☐ Yes ☐ No					
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		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 don not want us to contact:								
Are you known to schools/references by another name?								
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 my 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:	nt By: Position:							
Start Date:	Start Rate;		Shift:					