



## CREW PERSON / SHIFT LEADER EMPLOYMENT APPLICATION

DATE OF APPLICATION

MONTH	DAY	YEAR

- It is the company's policy to provide equal employment opportunity in accordance with all applicable laws.
- In accordance with the Immigration Reform and Control Act of 1986, any offer of employment is conditioned upon satisfactory proof of applicant's identity and legal ability to work in the United States.

### PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	HOME PHONE ( ) ( )	CELL PHONE ( ) ( )
ADDRESS		CITY	STATE	ZIP CODE
				DAYTIME/MESSAGE ( ) ( )
IF YOU ARE UNDER 18 YEARS OF AGE, YOU WILL BE REQUIRED TO PROVIDE PROOF OF AGE UPON HIRE.				

### EMPLOYMENT DESIRED

HOW WERE YOU REFERRED? (I.E., NEWSPAPER, FRIEND, JOB FAIR, INTERNET, OTHER)	
WHAT TYPE OF WORK ARE YOU INTERESTED IN?	WAGE DESIRED? \$
ARE YOU CURRENTLY EMPLOYED?    YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER?    YES <input type="checkbox"/> NO <input type="checkbox"/>

### AVAILABILITY

ARE THERE ANY HOURS, SHIFTS, OR DAYS YOU CANNOT OR WILL NOT WORK?    YES <input type="checkbox"/> NO <input type="checkbox"/>	WILL YOU WORK OVERTIME IF ASKED?    YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, WHEN?	

Please indicate the times you are available for work each day.

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM							
TO							
Total hours available per week:							
Work schedules may vary from week to week and occasionally employees are asked to stay late, leave early, or come in on a scheduled day off.							

### GENERAL INFORMATION

HAVE YOU EVER WORKED FOR THIS COMPANY, OR ANY OF ITS SUBSIDIARIES OR FRANCHISES?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, WHEN:	WHERE:
SUPERVISOR'S NAME:	REASON FOR LEAVING:
ARE YOU ABLE TO PERFORM ALL THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATIONS FOR WHICH YOU ARE APPLYING? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IN THE LAST SEVEN YEARS, HAVE YOU BEEN CONVICTED OF A FELONY WHERE THE CONVICTION HAS NOT BEEN EXPUNGED OR SEALED? A "YES" ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT WITH THE COMPANY. YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE DESCRIBE IN FULL:	
ARE YOU CURRENTLY CHARGED WITH A FELONY?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<p><u>Illinois Applicants:</u> Notice is given pursuant to the Illinois statutes, 20 ILCS 2630/12, that applicants for employment within the state of Illinois are not obligated to disclose sealed or expunged records of conviction or arrests.</p> <p><u>Washington Applicants:</u> Applicants may omit arrests or convictions for crimes that are not reasonably related to the duties of the position applied for. Convictions and arrests for felonies that are reasonably related to the duties of a restaurant employee must be disclosed. Crimes that are reasonably related to the duties of a restaurant employee include, but are not limited to, crimes involving dishonesty, theft, weapons, or harm or injury to a person (including sexual assault).</p> <p><u>California Residents:</u> Applicants may omit any convictions for any information concerning a referral to, and participation in, any pretrial or post trial diversion program and any convictions for the possession of marijuana (except for convictions for the possession of marijuana on school ground or possession of concentrated cannabis) that are more than two (2) years old.</p>	
IF OFFERED EMPLOYMENT, CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES PRIOR TO STARTING WORK?    YES <input type="checkbox"/> NO <input type="checkbox"/>	

### EDUCATIONAL HISTORY

SCHOOL	NAME / CITY AND STATE	LEVEL OR YEARS COMPLETED	MAJOR	TYPE OF DEGREE OR CERTIFICATE
HIGH SCHOOL		1   2   3   4		
COLLEGES / OTHER SCHOOLS		1   2   3   4		
COLLEGES / OTHER SCHOOLS		1   2   3   4		

**EMPLOYMENT HISTORY**

**PLEASE READ CAREFULLY: BEGIN WITH PRESENT OR MOST RECENT EMPLOYER AND LIST ALL JOBS YOU HAVE HELD FOR THE PAST TEN YEARS. INCLUDE ANY RELEVANT VOLUNTEER WORK EXPERIENCE. ACCOUNT FOR PERIODS OF UNEMPLOYMENT IN THE SPACE PROVIDED BELOW. YOU MAY ATTACH A RESUME, HOWEVER THE APPLICATION MUST BE COMPLETED IN FULL.**

FROM MO YR		TO MO YR		EMPLOYERS NAME	
COMPLETE ADDRESS (STREET NO, CITY, STATE AND ZIP CODE)					
STARTING PAY \$ PER		ENDING PAY \$ PER		YOUR JOB TITLE	
				IMMEDIATE SUPERVISOR	
				AREA CODE AND PHONE # ( )	
DESCRIPTION OF DUTIES:					
REASON FOR LEAVING				MAY WE CONTACT? YES NO	

FROM MO YR		TO MO YR		EMPLOYERS NAME	
COMPLETE ADDRESS (STREET NO, CITY, STATE AND ZIP CODE)					
STARTING PAY \$ PER		ENDING PAY \$ PER		YOUR JOB TITLE	
				IMMEDIATE SUPERVISOR	
				AREA CODE AND PHONE # ( )	
DESCRIPTION OF DUTIES:					
REASON FOR LEAVING				MAY WE CONTACT? YES NO	

FROM MO YR		TO MO YR		EMPLOYERS NAME	
COMPLETE ADDRESS (STREET NO, CITY, STATE AND ZIP CODE)					
STARTING PAY \$ PER		ENDING PAY \$ PER		YOUR JOB TITLE	
				IMMEDIATE SUPERVISOR	
				AREA CODE AND PHONE # ( )	
DESCRIPTION OF DUTIES:					
REASON FOR LEAVING				MAY WE CONTACT? YES NO	

<b>PLEASE EXPLAIN ANY PERIODS OF UNEMPLOYMENT</b>					
FROM:		TO:		HOW DID YOU SPEND YOUR TIME?	
MO YR		MO YR			
FROM:		TO:		HOW DID YOU SPEND YOUR TIME?	
MO YR		MO YR			

**DRUG AND ALCOHOL POLICY**

THE COMPANY HAS A VITAL INTEREST IN MAINTAINING A DRUG AND ALCOHOL FREE ENVIRONMENT FOR ITS EMPLOYEES, CUSTOMERS AND VISITORS. THEREFORE, THE COMPANY PROHIBITS THE USE OF, POSSESSION OF, DISTRIBUTION OF, PURCHASE OR SALE OF, OFFERING TO PURCHASE OR SELL, TRANSFER OF, TRAFFICKING IN, AND WORKING OR REPORTING FOR WORK UNDER THE INFLUENCE OF INTOXICANTS, DRUGS OR CONTROLLED OR ILLEGAL SUBSTANCES. APPLICANTS FOR EMPLOYMENT MAY UNDERGO A POST-OFFER, PRE-EMPLOYMENT DRUG AND ALCOHOL SCREENING AS A CONDITION OF EMPLOYMENT. RESULTS OF SUCH TESTS WILL BE KEPT CONFIDENTIAL IN ACCORDANCE WITH APPLICABLE LAWS.

**PLEASE READ AND SIGN BELOW**

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE TO HAVE ANY OF THE STATEMENTS CHECKED BY THE COMPANY UNLESS I HAVE INDICATED TO THE CONTRARY. I AUTHORIZE THE REFERENCES LISTED ABOVE TO PROVIDE THE COMPANY WITH ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THAT THEY MAY HAVE. FURTHER, I RELEASE ALL PARTIES AND PERSONS FROM ANY AND ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHING SUCH INFORMATION TO THE COMPANY AS WELL AS FROM THE USE OR DISCLOSURE OF SUCH INFORMATION BY THE COMPANY OR ANY OF ITS AGENTS, EMPLOYEES, OR REPRESENTATIVES. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OR, IF I AM HIRED, IN MY DISMISSAL FROM EMPLOYMENT.

I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE. I UNDERSTAND THAT EMPLOYMENT WITH THE COMPANY IS "AT-WILL" MEANING THAT THE TERMS AND CONDITIONS OF EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT NOTICE, WITH OR WITHOUT CAUSE, INCLUDING, BUT NOT LIMITED TO, TERMINATION, DEMOTION, PROMOTION, COMPENSATION, BENEFITS, DUTIES, AND LOCATION OF WORK. I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO MAKE ASSURANCES TO THE CONTRARY.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_