



# EMPLOYMENT APPLICATION

DATE: \_\_\_\_\_

"APPLICABLE LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN, OR VETERAN STATUS, DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS".

Last Name:	First Name:	Middle Initial:	
Have you ever worked or attended school under another name that we need to know to verify your records? If yes, please list name(s):			
Present Address:			
City:	County:	State:	Zip:
Telephone:	How long a resident of this area?		
E-mail Address:			
Are you at least 16 years of age? Yes ___ No ___		Do you have a legal right to remain and work in the United States? Yes ___ No ___	
Are you at least 18 years of age? Yes ___ No ___		Are you a Veteran? Yes ___ No ___	
If hired you may be required to show legal proof of age.			
Have you ever worked for The Last Bite before? Yes ___ No ___			
If yes, dates and reason for leaving _____			
Under what name:		Location:	

## EMPLOYMENT AVAILABILITY

Position(s) Desired:	Date You Can Start:
Schedule Preferred: (circle one) Full Time Part Time Seasonal	Desired Salary/Wage:
Please state days or times you <b>cannot</b> work:	
Do you now have, or plan to have, other employment while employed with The Last Bite?	

## EMPLOYMENT HISTORY

<b>Employer</b>	Starting Position:	Ending Position:
Address:	Starting Salary:	Ending Salary:
Phone: Supervisor Name:	Dates of Employment: From _____ To _____	
Reason for Leaving:	May we contact? YES ___ NO ___	
<b>Employer</b>	Starting Position:	Ending Position:
Address:	Starting Salary:	Ending Salary:
Phone: Supervisor Name:	Dates of Employment: From _____ To _____	
Reason for Leaving:	May we contact? YES ___ NO ___	
<b>Employer</b>	Starting Position:	Ending Position:
Address:	Starting Salary:	Ending Salary:
Phone: Supervisor Name:	Dates of Employment: From _____ To _____	
Reason for Leaving:	May we contact? YES ___ NO ___	

Please indicate any other experience, skills certifications, or awards which you feel may be important in helping us make our decision:

\_\_\_\_\_

**Please Complete Reverse Side**

## EDUCATION AND TRAINING

	Name & Location of School	Graduated? Y/N	Degree
High School			
University/College Undergraduate			
University/College Graduate			
Trade, Business or Correspondence			

## REFERENCES

<b>Name:</b>	Relationship To Reference:	
Title:	Phone Number:	Years Known:
<b>Name:</b>	Relationship To Reference:	
Title:	Phone Number:	Years Known:
<b>Name:</b>	Relationship To Reference:	
Title:	Phone Number:	Years Known:

## PERSONAL INFORMATION

Have you ever been convicted of, plead guilty or no contest to, or received deferred adjudication on a criminal charge? YES__NO__	
Do you have a relative in our employ? YES__ NO ____ If yes, Location, Position, and Name:	
How were you referred to The Last Bite?	
Newspaper_____ Agency (name)_____(contact person) _____	
Associate referral (name of Associate)_____ Other_____	
In case of emergency notify:	Phone:_____

## Notice to applicants as required by the Fair Credit Reporting Act

In connection with your employment application, an investigative consumer report and background check for the purpose of evaluating your suitability for employment will be made. If a decision to deny employment is based on this information, you will be notified, along with the name and address of the investigative agency making the report.

## Agreement

### Please read carefully before signing:

This Company is an equal opportunity employer, and selects individuals best matched for the job based upon job-related qualifications regardless of race, religion, color, creed, sex, national origin, age, disability, or any other status or characteristic protected by law.

I understand that completion of this application does not indicate that there are any positions open and does not in any way obligate this company to hire me or offer me a job.

In the processing of my employment application, an investigation may be conducted whereby information and references will be requested from former employers. Permission is hereby granted to any school, person, firm, or corporation, whether my former employer or otherwise, to give this Company any relevant information that may be required by the necessary Company to arrive at an employment decision and I hereby release this Company, its officers, employees, representatives, or agents, from any and all liability and/or damage incurred by myself in accessing or using such information.

I understand that as a matter of Company policy, my employment and compensations shall only continue so long as mutually agreeable, and may be terminated by the Company or me without cause or advance notice. No manual, policy or statement by any Company representative (other than a formal agreement signed by the company and me) is to be considered a contract of employment, whether express or implied, for any specific period of time or upon any continuing term.

This Company reserves the right to use any method of investigation which, in its sole discretion it deems reasonable and necessary to determine whether any employee has engaged in conduct warranting disciplinary action. As a condition of employment, if hired, I agree to cooperate in any such investigation. As a condition of my employment, I voluntarily agree to cooperate in consenting and submitting to any urine or blood tests requested by the Company, to enforce its drug and alcohol policy, as well as any searches of my person or property while employed by the Company, and I recognize that refusal to cooperate in such tests or searches would be grounds for discipline, including termination.

I understand that if hired, my employment may be terminated by the Company due to any misrepresentation, misinformation or inaccuracy of the statements contained on the Application for Employment. I authorize the Company to investigate all statements contained in this application for accuracy and completeness, and to obtain any transcripts, records, or documents pertaining to my background and business experience, as required by the Company. If hired, I agree to conform to the rules and regulations of this Company as issued from time to time, - I also attest that I am authorized to work in the United States. I understand this application will remain active for thirty (30) days, and if I have not been hired by the date, I must renew my application to be considered for future employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_