

# Management Application

Date/Fecha

Name/Nombre

Address/Dirreccion

State/Estado

Zip/Codigo postal

SS Number/Numero de seguro social

Home Phone/Numero de telefono

Cell Phone/Numero de celular



7Bo of Central Florida  
d.b.a Bojangles'  
1350 City View Center  
Oviedo, Florida  
USA  
32765  
Phone: 407-588-2140  
Fax: 407-588-2156  
www.bojanglesflorida.com

Positions Applied for:

Hours Available to Work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Full-Time
  part-time
  Full or part-time

When available to begin work?

I understand that specific hours or schedule is not guaranteed by 7Bo of Central Florida:

## Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Other			

Have you ever been convicted of a crime other than a speeding ticket?:  yes  no

If yes, please explain

Do you have a valid drivers license?

yes  no

State of issue:

Are you 18 years or older?

yes  no

Have you ever worked for a Bojangles'?

yes  no

If yes, List when, what store, and supervisor:

Continue on the next page

# Previous Employment (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:  To:

Salary:

From:  To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this reference?  yes  no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:  To:

Salary:

From:  To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this reference?  yes  no

### 3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this reference?  yes  no

Skills:

Typing:

Computer:  PC  Mac  Both

Applications (list all that apply):

Other Skills:

### Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

7Bo of Central Florida

DRUG SCREENING CONSENT AND AUTHORIZATION  
(ALL APPLICANTS MUST SIGN)

The Company strives to maintain a work environment that is safe and conducive to high work standards for its employees and others having business with the Company. As part of these commitments, the Company has adopted a drug-free workplace policy. Our goal will continue to be one of establishing a work environment that is free from the effects of substance abuse.

Pursuant to the goals, the Company requires that you, if you are a final, external applicant for the position for which you are applying, submit to a urinalysis for drugs and drug metabolites. The urinalysis will be conducted by an authorized testing facility and you must authorize the release of the urinalysis report result to the Company. These results will be used solely to evaluate your eligibility for employment with the company and will be kept confidential. Refusal to sign this authorization or to submit to the urinalysis will render you ineligible for further employment consideration.

Further, upon selection for employment by the Company, you hereby agree to comply with all terms of the Company's Substance Abuse and Drug Testing Policy (the Policy), specifically the following: **I will read the Policy which is available to me upon request. I agree to submit to drug testing according to the Company's policy. I understand that failure to comply with a drug testing request will lead to termination of employment. I understand that the policy may be amended at the Company's discretion. I hereby release the Company, its officers, employees and agents from any and all liability whatsoever as a result of taking drug tests and the transmitting and utilization of the results and opinions thereof.**

I, the undersigned, have read and understand this document and hereby authorize the release of the results of the urinalysis to the Company for the above stated purposes.

Signature

Date:

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Background Check Release  
(All Applicants Must Sign)

I hereby authorize General Information Systems, Inc. (GIS) or Employment Screening, Inc. (ESI) to verify my present and previous employment information, including salary, performance, attendance, and warning notices. I further authorize GIS or ESI to perform a criminal record search.

I understand that GIS or ESI does not guarantee the accuracy or timeliness of the information obtained from other sources and that GIS or ESI shall not be liable for any inaccuracy in the information obtained from other sources, that is, included in the GIS or ESI report.

Further, I authorize my current and former employers, as well as appropriate agencies, to provide such information to GIS or ESI. I hereby release and hold harmless GIS or ESI on account of its collection of such information in connection with my GIS or ESI report and acknowledge that GIS or ESI does not participate in any decisions concerning my employment.

Signature

Date:

## CONSUMER AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment/professional license or credentials; financial/**credit history**; or criminal/civil/driving record history. I fully give my consent to and understand that you, the Company, may be requesting information from public and private sources about any of the information noted earlier in this paragraph.

II. IF APPLICABLE, Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the **Fair Credit Reporting Act** (FCRA, Public Law 91-508, and Title VI) which was **revised effective September 30, 1997**, I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

**IV. I authorize that motor vehicle record checks may be performed in accordance with DOT regulations for as long as I am employed with the Company**

V. **Minnesota/California applicants only.** If you want a copy of the report ordered, check this box . The report will be sent by the consumer reporting agency to you at the address listed below your signature.

VI. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or Insurance Company contacted by either General Information Services, Inc. or Employment Screening Inc. to furnish the information described in Section I.

Today's Date:

Signature

Please print your full name

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please print other names you have used

SS Number:

Date of birth:

Driver's license number and state

Home Address:

Name as it appears on license:

State/Province:

Zip/Postal Code:

**Have you ever been convicted of a crime:**  Yes  No

**If yes, please provide city and State of conviction and details of conviction.**

### FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), **revised effective September 30, 1997**, this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates is available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the **FCRA, revised effective September 30, 1997**, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the applicant/employee contact General Information Services, Inc.