



BAH SHONEY'S CORP. APPLICATION FOR EMPLOYMENT

BAH Shoney's Corp. is an equal opportunity employer. All qualified applicants will be considered without regard to age, race, color, sex, pregnancy, religion, national origin, citizenship, veteran status, disability, or any other legally protected status.

Contact Information

Social Security #: _____ Date Applied: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State/Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Alternate Contact Means: _____

Personal Information

How did you hear of us? _____

Do you have any relatives who are employed by BAH Shoney's Corp.? **YES** **NO** If "YES" state name(s) and relationship(s) _____

Position Desired: _____ Date you can start? _____ Wage Desired: _____

Will you work nights? **YES** **NO** Weekends? **YES** **NO** Full Time? **YES** **NO** Part Time? **YES** **NO**

Are you willing to relocate? **YES** **NO**

Please check days you are available to work. Mark all that apply.

	MON	TUES	WED	THUR	FRI	SAT	SUN
AM SHIFT							
PM SHIFT							

If you are under the age of 18, state your age: _____. Proof of age is required prior to employment.

Do you have the legal right to work in the United States? **YES** **NO**

Have you ever been employed with any Shoney's® restaurant before? **YES** **NO**

If "YES", dates and location(s): _____

Have you ever been fired from any employer **YES** **NO**

If yes, please explain: _____

Have you ever been convicted of a felony? **YES** **NO**

Have you been convicted of a misdemeanor or pled "no contest" in the last ten years? **YES** **NO**

If "YES" to either question, explain: _____

	Institution Attended	City/State	# Years	Area of Study/Degree
High School:	_____	_____	_____	<input type="checkbox"/> Diploma/GED _____
Vocational/Technical:	_____	_____	_____	<input type="checkbox"/> Graduated _____
College/University:	_____	_____	_____	<input type="checkbox"/> Graduated _____
Post Graduate:	_____	_____	_____	<input type="checkbox"/> Graduated _____

Work History

Starting with your present or most recent experience, list all previous employers. Include self-employment and military service.

Name/Company: _____ Start Date: _____ End Date: _____

Street Address: _____ City, State, Zip: _____

Dept/Supervisor: _____ Phone #: _____

Position/Title: _____

Job Duties: _____

Reason for leaving: _____ Starting \$: _____ Ending \$: _____

OK to contact? YES NO If no, provide details/alternative: _____

Name/Company: _____ Start Date: _____ End Date: _____

Street Address: _____ City, State, Zip: _____

Dept/Supervisor: _____ Phone #: _____

Position/Title: _____

Job Duties: _____

Reason for leaving: _____ Starting \$: _____ Ending \$: _____

OK to contact? YES NO If no, provide details/alternative: _____

Name/Company: _____ Start Date: _____ End Date: _____

Street Address: _____ City, State, Zip: _____

Dept/Supervisor: _____ Phone #: _____

Position/Title: _____

Job Duties: _____

Reason for leaving: _____ Starting \$: _____ Ending \$: _____

OK to contact? YES NO If no, provide details/alternative: _____

Related Skills

Describe any specialized training, apprenticeships or skills applicable to the job you are seeking.

Additional Information

LIST PROFESSIONAL, TRADE, BUSINESS OR COMMUNITY ACTIVITIES AND OFFICES HELD.

You may exclude membership which would reveal age, race, color, sex, pregnancy, religion, national origin, citizenship, veteran status, disability, or any other legally protected status.

REFERENCES**Do not include relatives or former employers.**

Name	Address	Telephone Number

CERTIFICATION AND AUTHORIZATION

I certify that the information I have provided in this Application is true and complete to the best of my knowledge. I give BAH Shoney's Corp. and any person or company acting on its behalf, the right to investigate my background. I hereby authorize and request any present or former employer, school, credit agency, financial institution, law enforcement agency, court, military service, or other persons having knowledge or information about me to furnish the bearer of this authorization with any and all information in their possession regarding me in connection with my application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this request. I release from liability any person or entity which provides information pursuant to this authorization and request.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with BAH Shoney's Corp. is intended to create an employment contract between myself and BAH Shoney's Corp. I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or BAH Shoney's Corp. at any time and for any reason. I understand that no person has any authority to enter into any agreement that would cancel or modify this "at will" provision.

If employed, I understand I will be required to provide original documents, which verify my identity and right to work in the United States, under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I understand that omitting information or providing false or misleading information in my application or interview(s) may result in termination of the employment process or discharge if such false or misleading information is discovered after I have been hired.

As allowed by law, I also agree to submit to random drug tests and other investigative interviews, methods or tests conducted by or at the direction of BAH Shoney's Corp. and I understand that the results of such tests may be used as evidence in legal or administrative proceedings and may also be used in considering my status for continued employment and as a basis for rejecting my application or terminating my employment. I understand if at any point during my employment with BAH Shoney's Corp. any adverse action is taken based in whole or in part on any information contained in a consumer report, BAH Shoney's Corp. will, to the extent required by applicable law, provide me with written notice of the adverse action that contains the name, address, and telephone number of the consumer reporting agency. I will also get a notice of my right to obtain a free copy of the report, and of my right to dispute the accuracy or completeness of the information with the agency providing the report. I understand that the consumer reporting agency supplying the report does not make any decisions and is unable to provide specific reasons why the adverse action was taken.

I agree to arbitrate under the BAH Shoney's Corp. Arbitration Policy And Procedures (a copy of which I have been provided), in exchange for BAH Shoney's Corp.'s consideration of this Application and agreeing to also be bound by the Arbitration Policy And Procedures, any and all claims, disputes or controversies that exist now or arise later between me and BAH Shoney's Corp. or between me and any employee, officer, member, owner or subsidiary, parent or affiliated company of BAH Shoney's Corp., including claims, disputes and controversies arising before, during and after my employment, if any, with BAH Shoney's Corp. and/or any of its employees, officers, owners, or subsidiary, parent or affiliated companies (including, without limitation, Best American Hospitality Corp.). I understand that this agreement is a condition of any employment and of any continued or future employment with BAH Shoney's Corp.

I understand that the information contained herein is to be used in a confidential manner. Upon acceptance of employment with BAH Shoney's Corp., I agree to follow all its policies, procedures, rules and regulations.

Signature of Applicant _____ Date _____