

SHONEY'S

APPLICATION FOR EMPLOYMENT

Shoney's Restaurant Company 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 Shoney's? YES NO If "YES" state name(s) and relationship(s)

Position Desired: _____ Date you can start? _____
Salary 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
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 Shoney's before? YES NO
If "YES", dates and location(s): _____
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 answers given herein are true and complete to the best of my knowledge. I give Shoney's Restaurant Company 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 Shoney's is intended to create an employment contract between myself and Shoney's Restaurant Company. I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or Shoney's 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 Shoney's 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 Shoney's any adverse action is taken based in whole or in part on any information contained in a consumer report, Shoney's Restaurant Company 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 understand that the Shoney's Arbitration Policy and Procedures is a binding contract between me and Shoney's Restaurant Company and that it is a condition of employment, and of continued and future employment with Shoney's. I further understand that, if I am hired by Shoney's, I agree to submit to binding arbitration under Shoney's Arbitration Policy and Procedures of any and all claims, disputes or controversies that exit now or arise later between me and Shoney's or between me and any Shoney's employees, officers, owners, or affiliated companies (including, without limitation, Shoney's USA Inc. and Shoney's North America Corp.)

I understand that the information contained herein is to be used in a confidential manner.

Upon acceptance of employment with Shoney's Restaurant Company I agree to follow all its policies, procedures, rules and regulations.

Signature of Applicant _____ Date _____