



Application for Employment - Hourly Position

Tell us about yourself

Full Name _____ Nickname _____

Social Security No. _____ - _____ - _____ Home Phone (____) _____ - _____ Cell (____) _____ - _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

If any of your phone numbers above have voicemail, how often do you check for messages? _____

Can you read at the 6th grade level? Yes No

Have you ever been convicted of a felony? Yes No If Yes, please provide details on the back of the last page.

Have you ever worked for a McAlister's Deli before? Yes No If Yes, under what name? _____

If Yes, which location? _____

Do you have any friends or relatives working for us? Yes No Who? _____

Can you provide proof that you are over 18 years old? Yes No Over 21 years old? Yes No

Do you have a valid Driver's License or State Issued I.D. Card? Yes No Class _____ State _____

Card Number _____

Have you had any accidents or moving violations in the past 3 years? Yes No

If Yes, please provide details on the back of the last page.

Can you provide documentation of your legal right to work in the United States? Yes No

Is there any reason that you could not perform all physical aspects of the position for which you are being considered? Yes No

If Yes, please provide details on the back of the last page.

Is additional information concerning name change necessary for us to accurately check work or education records? Yes No

If Yes, please provide details on the back of the last page.

Tell us what you want to do

What position are you applying for? _____

What are your wage requirements? _____ per _____

Would you accept another position? Yes No If so, which position? _____

Which do you prefer? Full-time work Part-time work If Part-time, approximately how many hours per week? _____

Which will you accept? Full-time work Part-time work

When are you available to start? _____

HOURLY APPLICATION

Application for Employment - Hourly Position

Page 2

	Day of the week	Morning/Afternoon	Afternoon/Evening	Anytime
Which Days and Shifts will you be available to work?	SUNDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MONDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SATURDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tell us about your work experience

**Please start with your most recent position and answer every question as completely as possible.
Also, please attach a copy of your resume.**

HOURLY APPLICATION

Company _____ Month and Year hired _____, _____ Month and Year left _____, _____

Company's Full Address _____ City _____ State _____

Company's Phone Number (s) (____) _____ - _____ (____) _____ - _____

Job Title _____ Reason for Leaving _____

Starting Wage _____ Final Wage _____

Direct supervisor's Name: _____ Supervisor's Position _____

Supervisor's Contact Phone (____) _____ - _____

Major Responsibilities and Accomplishments:

Company _____ Month and Year hired _____, _____ Month and Year left _____, _____

Company's Full Address _____ City _____ State _____

Company's Phone Number (s) (____) _____ - _____ (____) _____ - _____

Job Title _____ Reason for Leaving _____

Starting Wage _____ Final Wage _____

Direct supervisor's Name: _____ Supervisor's Position _____

Supervisor's Contact Phone (____) _____ - _____

Major Responsibilities and Accomplishments:

Application for Employment - Hourly Position

Page 3

Company _____ Month and Year hired _____, _____ Month and Year left _____, _____

Company's Full Address _____ City _____ State _____

Company's Phone Number (s) (____) ____-____ (____) ____-____

Job Title _____ Reason for Leaving _____

Starting Wage _____ Final Wage _____

Direct supervisor's Name: _____ Supervisor's Position _____

Supervisor's Contact Phone (____) ____-____

Major Responsibilities and Accomplishments:

Tell us about your Education

High School Information

High School _____ City _____ State _____ Graduated? Yes No

Number of Years Completed _____ Verification Phone Number (____) ____-____

College Information

College _____ City _____ State _____ Graduated? Yes No

Number of Years Completed _____ Major _____ Verification Phone Number (____) ____-____

Additional College Information (if needed)

College _____ City _____ State _____ Graduated? Yes No

Number of Years Completed _____ Major _____ Verification Phone Number (____) ____-____

Graduate School Information

Graduate School _____ City _____ State _____ Graduated? Yes No

Number of Years Completed _____ Major _____ Verification Phone Number (____) ____-____

Other Comments:

I certify that the information contained in this application is complete and accurate to the best of my knowledge. I hereby authorize the individuals, companies, and agencies concerned to provide McAlister's Corporation and its agents with all information necessary to verify the statements I have made in this application, and release them from any liability for providing such information. I understand that I must receive satisfactory references from previous employers as well as other contacts referenced either in this application or during the interview process in order to either receive an offer or to remain employed (if adverse information is discovered during the first 90 days of my employment). I understand that incomplete or unsigned applications will not be considered and that false, incomplete, or misleading statements will be grounds for my immediate discharge. I understand that any offer of employment is contingent upon the successful completion of all new hire paperwork as well as providing any information needed to prove my right to work status. I understand that these policies can not be changed except in writing.

Regardless of the guidelines contained in this application, I understand that my employment is in an "at-will" capacity and that I may terminate or I may be terminated at any time for any reason, or no reason at all.

Signature _____ Print Name _____ Date _____

HOURLY APPLICATION