

# WHITE FENCE FARM EMPLOYMENT APPLICATION

(Please Print)

Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Last First Middle Initial

Present Address \_\_\_\_\_  
 No. Street City State Zip

Telephone No. ( ) \_\_\_\_\_ Date of birth-----  
 Area

IL Driver's License No. \_\_\_\_\_

Date Available \_\_\_\_\_ Pay Expected: \_\_\_\_\_

Do you have any physical, mental or medical impairment disability which precludes you from performing certain kinds of work?

\_\_\_\_\_ If yes, describe such defects and specific work limitations. \_\_\_\_\_

All position work includes, lifting, walking, some mental stress.

Can you work Sunday's? \_\_\_\_\_ 11a.m.- 8p.m. **REQUIRED\***

Can you work Saturday's? \_\_\_\_\_ 4p.m.- 9p.m. **REQUIRED\***

What weeknights are you available to work? 4:30- 9p.m.

TUES. \_\_\_\_\_ WED. \_\_\_\_\_ THURS. \_\_\_\_\_ FRI. \_\_\_\_\_

*\*Easter Sunday, Mother's day weekend, Father's day, New Year's Eve, New Year's Day*

Do any of your Friends or Relatives work here?  Yes  No

If Yes, List Name (s) \_\_\_\_\_

In case of accident or emergency, please notify ( ) \_\_\_\_\_  
 Phone No.

\_\_\_\_\_  
 Name Address City State Zip

## EDUCATION

SCHOOL	Name and Location of School	Course of Study	Did you Graduate	
HIGH			Yes No	
COLLEGE			Yes No	
OTHER			Yes No	

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone (     )
	Address	Employed (State, Month and Year) From                      To
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving

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UNDER THE 1974 AMENDMENTS TO THE FAIR LABOR STANDARDS ACT (The Federal Minimum Wage Law)

(D) A new employee accepts employment in an establishment with an organized valid tip pool arrangements will as a general rule be considered to be the result of voluntary agreement on her part. The WHITE FENCE FARM has had the voluntary tip splitting system since 1955 whereas in appreciation for services rendered by the bus boys the waitress normally contributes 10% of her tips received to the Bus Boy Fund. This fund is split amongst the bus boys working, according to service and ability:

I UNDERSTAND AND HAVE READ THE ABOVE STATEMENT CONCERNING TIP POOLING AND COMPANY STANDARDS AND PRACTICES:

Signed \_\_\_\_\_

Date \_\_\_\_\_

### READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

In consideration of my employment, I agree to conform to the rules and regulations of this facility. I understand that my employment can be terminated at any time and for any reason, at the option of either the facility or myself. I understand that no one has any authority to enter any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except for a written employment agreement signed by an administrative representative of this facility.

I hereby affirm that the information provided on this application is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge, if discovered at a later date.

I hereby authorize persons, schools, my current employer and previous employers and organizations named in this application to provide this facility and all affiliates with any relevant information regarding an employment decision, and I release all such persons from any liability regarding the provision or use of such information.

DATE-----

SIGNATURE-----