

# EMPLOYMENT APPLICATION

Big Rascal BBQ & Grille is an Equal Opportunity Employer.

**PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED / CONSIDERED.**

Please print all information requested. Applicants may be tested for illegal drugs.

POSITION APPLIED FOR \_\_\_\_\_ DATE \_\_\_\_\_

## CONTACT INFORMATION

_____ NAME (Last Name, First)	PHONE _____ - _____ - _____
_____ CURRENT ADDRESS	SOCIAL SECURITY No _____ - _____ - _____
_____ CITY	Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO
_____ STATE                      ZIP CODE	If not a US citizen, are you legally authorized to accept employment in the US? <input type="checkbox"/> YES <input type="checkbox"/> NO

DATE AVAILABLE \_\_\_\_\_

CURRENTLY EMPLOYED  YES  NO

WAGES EXPECTED (be specific) \_\_\_\_\_

May we inquire with your present / previous employer?  YES  NO

Previously applied  YES  NO or worked for  YES  NO Big Rascal BBQ and Grille? When? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

How many <b>hours/week</b> can you work? _____	<b>Days/Hours available to work</b> <input type="checkbox"/> No Preference
Nights? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Monday _____ Hours
Weekends <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Tuesday _____ Hours
Do you have a FL driver's license or FL ID?	<input type="checkbox"/> Wednesday _____ Hours
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Thursday _____ Hours
License / ID Number _____	<input type="checkbox"/> Friday _____ Hours
How will you get to work?	<input type="checkbox"/> Saturday _____ Hours
	<input type="checkbox"/> Sunday _____ Hours

Have you ever been convicted of a crime?  YES  NO

If **YES**, please provide detail about the charges and the date of conviction.

\_\_\_\_\_

Any physical conditions which we need to know about? If YES, please explain.

\_\_\_\_\_

## EDUCATION HISTORY

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (CITY, STATE)	YEARS ATTENDED	GRADUATION	SUBJECT STUDIED
High School					
College					

Trade / Business School					
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**EMPLOYMENT HISTORY** (at least five years, beginning with most recent)

DATE	Month/Year	NAME, ADDRESS AND PHONE of Employer	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					

**CERTIFICATIONS AND LICENSES** (Title as well as date received)

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**REFERENCES** (List two references other than relatives)

NAME	ADDRESS	BUSINESS & PHONE	YEARS KNOWN

**AUTHORIZATION**

I hereby certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I understand that any information I give may be investigated as allowed by law. I consent to the investigation of all statements contained herein and the references and employers listed above to give you any and all information regarding my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant Federal and State laws.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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PLEASE DO NOT WRITE BELOW THIS LINE