

EMPLOYMENT APPLICATION



JOHN'S GRILLE IS AN EQUAL OPPORTUNITY EMPLOYER, ALL QUALIFIED APPLICANTS WILL BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, CREED, COLOR, SEX, NATIONAL ORIGIN, AGE, HANDICAP OR ANCESTRY AS REQUIRED BY LAW.

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER _____

NAME

PRESENT ADDRESS Last First Middle

PERMANENT ADDRESS Street City State Zip

PHONE NO. Street City State Zip

ARE YOU 18 YEARS OF AGE OR OLDER? Yes No

Are you legally entitled to hold employment in the United States? Yes No

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR WHICH HAS NOT BEEN EXPUNGED FROM YOUR RECORD OTHER THAN MINOR TRAFFIC VIOLATIONS? Yes No

If "yes", where and for what offense(s) were you convicted? _____

(A CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT, FACTORS SUCH AS DATE, NATURE AND NUMBER OF OFFENSES, AGE AT THE TIME OF OFFENSE AND REHABILITATION AS WELLAS JOB DUTIES WILL BE CONSIDERED)

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED

Indicate which days you can work, the earliest starting time and latest ending time.

MON	TUES	WEDS	THURS	FRI	SAT	SUN

EDUCATION

	Name and location of School	No. of Years Attended	Did You Graduate?*	Subjects Studied & Degree Received *
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

*DEGREE OF EDUCATIONAL ACHIEVEMENT IS CONSIDERED IN THE HIRING PROCESS ONLY TO THE EXTENT THAT SPECIFIC EDUCATIONAL ACHIEVEMENT IS A REQUIREMENT FOR PERFORMING THE JOB.

EMPLOYMENT EXPERIENCE

ARE YOU EMPLOYED NOW? Yes No IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

List below present and past employment, beginning with your most recent employer.

DATE (Month & Year)	NAME & ADDRESS OF EMPLOYER	SALARY (Upon Leaving)	POSITION	REASON FOR LEAVING
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES

Give the names of three persons not related to you, whom you have know at least one year.

NAME	ADDRESS	POSITION/BUSINESS	YEARS ACQUAINTED

IF ASSISTANCE IS NEEDED DURING ANY PHASE OF THE HIRING OR EMPLOYMENT PROCESS, PLEASE ADVISE.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, INCOMPLETE, FALSE OR MISLEADING STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I ALSO AUTHORIZE YOU TO OBTAIN INFORMATION REGARDING MY RECORD WITH THE BUREAU OF MOTOR VEHICLES IF THE JOB FOR WHICH I AM APPLYING WILL REQUIRE DRIVING AS A PART OF MY JOB DUTIES.

I UNDERSTAND THAT PURSUANT TO THE COMPANY'S JOB APPLICATION PROCESS I MAY BE REQUIRED TO UNDERGO DRUG TESTING. I UNDERSTAND THAT I WILL BE DISQUALIFIED FROM FURTHER EMPLOYMENT CONSIDERATION IF I REFUSE TO TAKE OR FAIL THE DRUG TEST UNLESS I CAN DEMONSTRATE THAT A) THE TEST WAS ERRONEOUS; OR B) PRIOR TO TAKING THE TEST I CEASED USING ILLEGAL DRUGS AND AM NOW ENROLLED IN A SUPERVISED REHABILITATION PROGRAM; OR C) I AM TAKING THE DRUGS UNDER THE SUPERVISION OF A LICENSED HEALTH CARE PROFESSIONAL.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO COMPANY RULES, REGULATIONS AND POLICIES, AND AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR MYSELF. I UNDERSTAND THAT THE RULES AND REGULATIONS AND ANY PERSONNEL MANUAL DO NOT CONSTITUTE A CONTRACT OF EMPLOYMENT.

Signature _____

Date _____