

Application for Employment

Today's Date

Day Month Year

Your Personal Information

Last Name	First Name	Middle Name	
Address	City	State Zip Code	
Home Telephone	Cellular Telephone		
Email Address			
Preferred Method of Contact	<input type="checkbox"/> Cell phone	<input type="checkbox"/> Home Phone	<input type="checkbox"/> E-Mail
	<input type="checkbox"/> Other		

Your Emergency Contact

In Case of an Emergency, I Authorize You to Contact

Name	Telephone Number
Relationship to applicant:	

**ALL QUESTIONS MUST BE ANSWERED
STATE N/A IF QUESTION IS NOT APPLICABLE**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applicants are received and employees are hired without regard to race, sex, religion, age, national origin, marital status, orientation, physical or mental handicap, disability, veteran's status, citizenship status, or any other protected classes under federal, state, or local regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in **Dixie Grill**.

Tell Us About Yourself *(You must answer every Questions on this application. If a questions does not apply, put "N/A." Please Print*

What position are you applying for?	
What is your salary expectation? \$	When can you start work? (Date)

How were you referred to us?				(If you were referred <input type="checkbox"/> by a person, <input type="checkbox"/> please provide their name)	
Have you completed an application here before?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, date/location
Have you been employed here before?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, date/position/location
Are you available to work (Check all that apply):		<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part-time
		<input type="checkbox"/>	Nights	<input type="checkbox"/>	Weekend
Are there any days or times during the week that you are not available to work ?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>(Reasonable accommodation of religious needs that do not create an undue hardship will be considered, if applicable)</i>					
If yes, please list the days/times you are not available to work					
Are you able to lift at least 30 lbs. and remain on feet for eight or more hours?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Are you willing to work overtime?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Do you have reliable transportation to work?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Do you own a tuxedo?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Do you have food or floral design experience?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Are you on a layoff and subject to recall?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
May we contact your present employer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
How much time have you lost from work during the past 12 months?					
Are you now, or do you expect to be, engaged in any other business or employment while working here?					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, please explain	
Are you presently an officer, employee, or employer of another business in our industry or with whom we compete?					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, please explain	
Have you ever been terminated or asked to resign from a job?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please explain					
Have you ever been refused bond?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please explain					
Why do you desire to make a change?					
Are you legally eligible to work in the United States		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (Proof of citizenship status/identity required upon hire)
What three things are most important to you in a job?		1)		2)	3)
What three adjectives best describe you?		1)		2)	3)
What type of work do you most enjoy?					
Why do you want to work at Dixie Grill?					

Tell Us About Your Special Skills and Qualifications

List any special skills, training, experience, certifications, or licenses that may be relevant to this position or our company					
List any professional, trade, business, or civic activities or offices held that would relate to working here					
List any foreign languages that you fluently speak, read, and/or write that would relate to working here					
List software programs that you are proficient in					

Your Educational Background

Schooling	Did You Graduate?	Years Completed	Degree Received and Major Subject	Name of School	Location
High School or GED	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Trade, Business, or Correspondence	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate School	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Your Work History and Any Employment Gaps (Must be completed even when accompanied by resume)

List most recent or current job first. You must include any gaps in employment with a full explanation and dates for the gap. You must also provide a complete work history.

Employer				Dates Employed				Summary of Work Performed and Job Responsibilities			
				From (Mo/Yr)		To (Mo/Yr)					
Address (City, State, Zip)				Phone							
				<i>(Include Area Code)</i>							
Job Title				Hourly Rate, Weekly Salary or Other Weekly Earnings							
				Starting		Final					
Reason For Leaving											
Resigned		OR Terminated						Supervisor's Name:			
Employer				Dates Employed				Summary of Work Performed and Job Responsibilities			
				From (Mo/Yr)		To (Mo/Yr)					
Address (City, State, Zip)				Phone							
				<i>(Include Area Code)</i>							
Job Title				Hourly Rate, Weekly Salary or Other Weekly Earnings							
				Starting		Final					
Reason For Leaving											
Resigned		OR Terminated						Supervisor's Name:			
Employer				Dates Employed				Summary of Work Performed and Job Responsibilities			
				From (Mo/Yr)		To (Mo/Yr)					
Address (City, State, Zip)				Phone							
				<i>(Include Area Code)</i>							
Job Title				Hourly Rate, Weekly Salary or Other Weekly Earnings							
				Starting		Final					
Reason For Leaving											
Resigned		OR Terminated						Supervisor's Name:			
Employer				Dates Employed				Summary of Work Performed and Job Responsibilities			
				From (Mo/Yr)		To (Mo/Yr)					
Address (City, State, Zip)				Phone							
				<i>(Include Area Code)</i>							
Job Title				Hourly Rate, Weekly Salary or Other Weekly Earnings							
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Employer				Dates Employed				Summary of Work Performed and Job Responsibilities			
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Address (City, State, Zip)				Phone							
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Job Title				Hourly Rate, Weekly Salary or Other Weekly Earnings							
				Starting		Final					
Reason For Leaving											
Resigned		OR Terminated						Supervisor's Name:			

If you need more space to provide a full work history, request additional work history pages.

Tell Us About Your Driving Record (Necessary for positions that may require use of a personal or company vehicle for work)

Do you hold a valid Driver's License?	Yes	No	If Yes, provide the state
Have you been convicted of any moving violation(s) in the last 3 years?	Yes	No	
If yes, give date	1 explain	of each	

Tell Us About Your Past (Answering "yes" to any of these questions is not an automatic bar to employment)

Have you ever been disciplined or terminated from any job for an act of violence, harassment, discrimination, ethical breach or theft?	Yes	No	If yes explain the circumstances, employer and date
Have you ever been a defendant in a civil action for an intentional tort? (e.g. assault, battery, false imprisonment, infliction of emotional distress, tortious interference with a business relationship, invasion of privacy, fraud and misrepresentation, abuse of process and malicious prosecution or others)	Yes	No	If yes, provide an explanation of the nature of the intentional tort, the date of the action, the location, and the disposition or outcome
Do you currently have any criminal charges pending against you?	Yes	No	If yes, describe the details of the charge(s), the date(s) of the offense(s) (month and year), your age at the time of the offense(s), and the current status of the charge(s)
Are you currently wanted by any law enforcement agency?	Yes	No	If yes, by what agency and for what act?

Tell Us About Any Records (Must be answered by all candidates.)

Have you ever been convicted or received a sentence for; pled nolo contendere (no contest) to; been placed on probation, fined, or entered a pretrial diversion program for; or had adjudication withheld by an judicial or quasi-judicial body for a crime, other than a minor traffic violation? (Any criminal record not disclosed by you may be considered falsification of this application, which may result in revocation of your employment offer or termination of your employment. Also in accordance with state or federal regulation, you may be required to provide copies of any criminal records. Answering "yes" to this questions is not an automatic bar to employment)	Yes	No	If yes, describe the details of the conviction or other disposition of change, the date of the offense (month and year), your age at the time of the offense, and your rehabilitation since the conviction and/or disposition of the offense.
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Your Military Service

Branch of Service	
Rank at discharge, if applicable	
List duties and special training and/or skills	

Agreement and Release

For the purpose of this agreement and release, Dixie Grill is referred to as "the company," "this company," or "you." The facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application (even if discovered after employment) or any other employment form may lead to dismissal or denial of employment. You are hereby authorized to make any investigation of my personal history, financial, criminal, credit, and motor vehicle records through any investigative or credit agencies or bureaus of your choice. You are also authorized to administer a personality profile or other pre-employment tests and verify my background. A criminal record or sentence is not an automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior to or after employment, and I agree to submit to a medical evaluation if required. I consent to the release of any or all medical information or records deemed necessary to determine my capability to perform the essential job functions of the position for which I may hold.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. In exchange for the consideration of my employment application by this company, I hereby release and forever discharge this company (including its directors, officers, employees, and agents) and my past and/or present employment or from the disclosure of such information. I authorize the use of any information in this application to verify my statements and I authorize past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record.

I understand that if my application is accepted that employment with this company at all times is employment "at will." It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless an authorized executive of this company specifically acknowledges such change. I further understand that my "at will" employment may be terminated at any time by this company or myself and includes no guarantee, contract, or promise of employment for any specific length of time. I understand that the first 90 days of employment is a new-hire introductory period.

I have read, understand, and by my signature consent to these statements.

Signature of Applicant		Date	
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