



## Epik Burger, Inc. Employment Application

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

Are you 18 years old or older?

Yes  No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes  No

Have you ever worked or attended school under another name? If so, under what name?

\_\_\_\_\_

Have you ever been convicted of a crime?\*  Yes  No

If yes, give details, including date(s): \_\_\_\_\_

\* A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

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### Position Desired

Position: \_\_\_\_\_ Start Date Available: \_\_\_\_\_ Hourly rate Desired: \_\_\_\_\_

Do you prefer:  Full-time  Part-time; If part-time, hours per week desired: \_\_\_\_\_

Hours you are available to work: \_\_\_\_\_

Days of week you are available to work: \_\_\_\_\_

Are you able to work:

Weekends\*  Yes  No Holidays\*  Yes  No Nights\*  Yes  No

\* if required for the position for which you're applying

Are you available to work overtime?  Yes  No

Have you previously worked for this company?  Yes  No

If so, from \_\_\_\_\_ to \_\_\_\_\_.

Reason(s) for leaving: \_\_\_\_\_

Former supervisor(s) at this company: \_\_\_\_\_

How did you learn about this opening? \_\_\_\_\_

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### Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

## Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.		
Employer:		Address:
From	to	Position Held:
Supervisor's Name & Title:		Reason for leaving:
Description of Duties:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Hourly Pay:		Final Hourly Pay:
Employer:		Address:
From	to	Position Held:
Supervisor's Name & Title:		Reason for leaving:
Description of Duties:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Hourly Pay:		Final Hourly Pay:

## Authorization and Acknowledgements

I certify that I have not knowingly withheld any information that might affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure this employment can be grounds for rejection of my application or, if I am employed by this company, can be grounds for my immediate termination from the company. \_\_\_\_\_ (Initial)

I permit the company to check and verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation. \_\_\_\_\_ (Initial)

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any and all information listed above.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date