JOIN OUR TEAM!

# Be a part of **Stuart’s Family Grille**

*and*

Southeast Food Systems, Inc.

*PO Box 90547*

*Raleigh, NC 27675*

## EMPLOYMENT APPLICATION

### AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veterans’ status, or the presence of a non-job-related medical condition or handicap.

Initial employment is for a probationary period of time as designated by the company but will not exceed ninety (90) days. During this probationary period, either the employee or the employer may terminate the employment without cause or obligation to either party.

#### PLEASE PRINT

NAME

(LAST) (FIRST) (MIDDLE)

ADDRESS

(Number) (Street) (City) (State) (Zip code)

PHONE NUMBER

(Area Code) (Phone #)

Person to notify in case of emergency:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Relation) (Phone No.)

***Please circle either yes or no***

Do you have the legal right to work in the USA? Yes No

Are you at least 16 years of age? Yes No

Position applying for

Days/Hours of availability\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date available for employment to begin Expected hourly pay

(Employees may be required to work hours other than those preferred)

Are you restricted on the hours and days you are available for work? Yes No

If Yes, Explain

Are you related to anyone employed by this firm? No Yes Relationship

Do you have a reliable method of transportation to work? Yes No

Is there any reason that you cannot regularly report for work? Yes No

##### PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION FOR EMPLOYMENT

**PLEASE GIVE ACCURATE AND COMPLETE INFORMATION, (FULL-TIME AND PART-TIME).**

**START WITH MOST RECENT JOB AND GO BACK TO YOUR FIRST JOB.**

|  |  |
| --- | --- |
| Company Name | Co. Telephone |
| Address (Street, City, State, Zip) | Employed (Month and Year)  From To |
| Name of Supervisor | Weekly Pay  Start End |
| State Job Title and Describe Your Work | Reason for Leaving: Voluntary: Yes No  (If No, explain) |

|  |  |
| --- | --- |
| Company Name | Co. Telephone |
| Address (Street, City, State, Zip) | Employed (Month and Year)  From To |
| Name of Supervisor | Weekly Pay  Start End |
| State Job Title and Describe Your Work | Reason for Leaving: Voluntary: Yes No  (If No, explain) |

|  |  |
| --- | --- |
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|  |  |
| --- | --- |
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| Address (Street, City, State, Zip) | Employed (Month and Year)  From To |
| Name of Supervisor | Weekly Pay  Start End |
| State Job Title and Describe Your Work | Reason for Leaving: Voluntary: Yes No  (If No, explain) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME OF COMPANY**  **CITY & STATE LOCATION** | **POSITION**  **HELD** | **MONTH/YEAR**  **STARTED** | **MONTH/YEAR**  **LEFT** | **REASON FOR**  **LEAVING** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

If you need additional space, please continue on a separate sheet of paper.

Summarize any additional special skills and qualifications that may qualify you for the applied for position:

May we contact the employers listed above? Yes No Who do you wish us not to contact? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you worked for this firm before? Yes No If yes, When?\_\_\_\_\_\_\_\_\_ Where?\_\_\_\_\_\_\_\_ Reason for leaving?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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###### RECORD OF EDUCATION

A High School Diploma is not an absolute job necessity for employment with this firm.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School | **Name and Address of School** | **Course of Study** | **Last Year Completed** | **Did You Graduate?** | **List Date Diploma or Degree Received** |
| **High** |  |  |  | Yes No |  |
| **College** |  |  |  | Yes No |  |
| **Other** |  |  |  | Yes No |  |
| **Military Service Record** | Branch of Service-  Date of Enlistment-  Date of Discharge-  Type of Discharge- | List below any Court Martials Received | | | |

SECURITY:

List all convictions for breaking the law you have received in the last 7 years.

Note: Convictions are not necessarily a bar to employment; however, deception as to their existence or falsification of their exact nature may result in denial or termination of employment. In considering your conviction record factors such as the time of the offense, seriousness and nature of the violation, rehabilitation and job relatedness will be taken into account.

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | VIOLATION | DISPOSITION | COURT LOCATION |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***(APPLICANT PLEASE READ CAREFULLY)***

##### APPLICATION FOR EMPLOYMENT AND AGREEMENT OF EMPLOYMENT

**TO AND WITH THE FIRM LISTED ON THE FRONT OF THIS APPLICATION.**

UNCONDITIONAL RELEASE EQUAL OPPORTUNITY EMPLOYER M/F

I agree to comply with all the rules of this Company. I hereby affirm and declare that all the foregoing statements are true and correct, and that I have not knowingly withheld any fact that would, if disclosed, affect my application unfavorably. I hereby authorize *Southeast Food Systems, Inc*. to conduct any investigation it deems necessary with respect to information set forth on this application. I also hereby authorize *Southeast Food Systems, Inc*. to release such information together with their opinions on these matters without any liability for any damage whatsoever caused either directly or indirectly by giving or receiving such information or opinions. I authorize any former employer, present employer, schools, colleges and universities; utility companies; credit, finance bureau offices; personal references and/or any other person or persons, to give any information they may have concerning my character, health, and credit and employment record. I hereby unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.

More specifically, I hereby authorize the Chief of Police, and/or any and all members of any Police Department in any local areas where I have lived and/or worked; or any other concerned law enforcement agency, to furnish any information they may have concerning me which they have on record or otherwise. I hereby release the Chief of Police and/or any and all members of the aforesaid Police Department and any other law enforcement agency wherever situated, from any and all liability resulting from the furnishing of this information. It is understood that any false statement or omission on this application may be considered as sufficient cause for rejection of this application, or dismissal, if already employed by *Southeast Food Systems, Inc*.

I understand that nothing herein or otherwise shall be deemed to create any contract of employment between me and *Southeast Food Systems, Inc*. and that my employment may be terminated by me or *Southeast Food Systems, Inc*. at any time without advanced notice one to the other.

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DATE APPLICANT SIGNATURE