

Application for Employment

Please print all information requested (except for signature)

Incomplete application will not be processed

Applicant may be tested for illegal drugs.

Name: Last _____, First _____, Middle _____ Date _____

Present Address _____ City _____ State _____ ZipCode _____

Telephone _____ Social Security No _____ -- _____ -- _____

Position Applied for _____ Date you can start _____ Salary Desired (be specific) _____

Are you employed Yes No may we inquire of your present or previous employer? Yes No

How did you hear about us? _____

Have you ever applied Yes No or worked Yes No, for Big Rascal's BBQ & Grille

When? _____

How many hours can you work weekly? _____ Can you work nights? _____ Weekends? _____

Days/Hours available to work: No Pref. _____ Mon _____ Tue _____ Wed _____

Thu _____ Fri _____ Sat _____ Sun _____

FL driver's license # or FL ID #? _____ How will you get to work? _____

Have you ever been convicted of a crime? Yes No if yes, please Explain _____

Any physical condition, which we have to know Pls. Explain _____

EDUCATION HISTORY

Type of School	Name of School	Location (City, State)	Years Attended	Did you graduate	Subject Studied
High School					
College					

COMPLETE EMPLOYMENT HISTORY INCLUDING NON-FOODSERVICE EMPLOYMENT

(At least five years, **beginning with most recent**)

DATE Month/Year	Name, Address and phone number of Employer	Salary	Position	Reason For Leaving
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

MAKE SURE TO FILL OUT PAGE 2

Please list two references other than relatives:

Name	Address	Business & phone number	Years Known

AUTHORIZATION:

I 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 authorize 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: _____

EQUAL OPPORTUNITY EMPLOYER

DO NOT WRITE BELOW THIS LINE _____

Remarks

--