

APPLICATION FOR HOURLY EMPLOYMENT

NOTICE: Applicant is subject to drug/alcohol testing and signing this application provides evidence of written consent to the administration of any drug or alcohol test.



2465 S. Church Street
Burlington (336) 570-1120



580 Huffman Mill Rd.
Burlington (336) 584-1497

AN EQUAL OPPORTUNITY EMPLOYER

www.bestfoodintown.com

DATE _____ STORE LOCATION _____

PERSONAL INFORMATION- PLEASE PRINT

NAME _____ SOCIAL SECURITY NO. _____
LAST FIRST MIDDLE

HOME ADDRESS _____
STREET CITY STATE ZIP

HOME PHONE NUMBER (____) _____ CELL PHONE (____) _____

E-MAIL ADDRESS _____

ARE YOU 18 YEARS OR OLDER Yes No. IF UNDER 18, WHAT IS YOUR BIRTH DATE _____

IN CASE OF EMERGENCY, CONTACT NAME _____

ADDRESS _____ PHONE _____

EMPLOYMENT DESIRED

WHAT POSITIONS INTEREST YOU? _____ / _____

SALARY DESIRED \$ _____ a _____ WHAT DATE COULD YOU BEGIN WORK? _____

ARE YOU PRESENTLY EMPLOYED Yes NO. If, so may we inquire of your present employer? Yes No.

Have you ever been employed by Blue Ribbon Diner or The Village Grill? Yes No.

If YES - at which location? _____ WHEN? _____

ARE YOU SEEKING FULL TIME EMPLOYMENT PART TIME EMPLOYMENT

DO YOU HAVE TRANSPORTATION TO WORK REGARDLESS OF THE HOURS? Yes No.

WHAT HOURS ARE YOU AVAILABLE TO WORK?

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
A.M.	_____	_____	_____	_____	_____	_____	_____
P.M.	_____	_____	_____	_____	_____	_____	_____

FORMER EMPLOYERS (List below last three employers, starting with the last one first)

Date, Month & Year	Name & Address of Employer	Salary/Wages	Position(s)	Immediate Supervisor
From _____ To _____ Reason for leaving _____				
From _____ To _____ Reason for leaving _____				
From _____ To _____ Reason for leaving _____				

Education	Name & Location of School	No. of Years Attended	Did you Graduate? Any Degrees?	Subjects Studied College Majors
High School				
College Secondary School or Special Training				
Extra Activities, Honors or Hobbies				

PERSONAL REFERENCES

List THREE (3) persons who have known you at least two years (Not former employers or relatives)

NAME	ADDRESS	OCCUPATION	PHONE NUMBER
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

HAVE YOU EVER BEEN CONVICTED OF A CRIME Other than a minor traffic violation? Yes No

If YES, EXPLAIN: _____

MILITARY RECORD (if any)

BRANCH _____ DATES _____ RANK _____

DRAFT CLASSIFICATION _____ BELONG TO NATIONAL GUARD? Yes No

PHYSICAL RECORD

Are you willing (voluntary) to disclose your medical history and any treatment received by a doctor within the last five years that required hospitalization? Yes No

Are you ALLERGIC to any foods that you know about Yes: Please list _____ No

Do you have allergies of any other kind? Yes: Please list _____ No

► Why would you like to work at this Restaurant? What do you feel you have to offer to the success of this restaurant?

I authorize full investigation of this application and give my permission for you (the company/potential employer) to contact my references, previous employers, schools attended and doctors listed on this application.

I agree that any misstatement or omission of any information requested in the application shall be valid reason for rejection of this application or discharge after employment.

In the event I am employed, I agree to accept employment conditions of the company, now existing, or established in the future, including transfer from one location to another when directed by the company. I understand and agree that my employment with this company shall be probationary for a period of ninety (90) work days, and that all employment may be terminated at will by either the employee or the company.

No question on this application is asked for the purpose of limiting or excluding any applicants consideration for employment for reasons proscribed by Federal, State or Local Law.

DATE _____

SIGNATURE _____