



991 Industrial Blvd
Smyrna, TN 37167

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Application for Employment

Last Name	First	Middle Initial	Today's Date	
Present Street Address		City	State	Zip Code
Telephone Number: Home () ()		Other () ()	Social Security No. ____-____-_____	

Age (if under 18) ____ Do you have a legal right to work in the United States? __Yes __No Resident Alien (Proof of right to work and identity will be required if selected for hire)

General Information

If accepted for this job, when can you start? ____/____/____

What position are you applying for? __General Manager __Asst. Manager __Cook
__Prep/Line __Server __Bus __Dishwasher __Cashier __Host/Hostess __To Go Counter
__Bar-Back __Bartender __Kitchen Manager __Asst. Kitchen Manager __Other _____

What category do you prefer? __ Full-time __ Part-time

What other positions could you fill? _____

For what schedules are you available? __ Weekdays __ Weekends __ Evenings __ Days

Do you have any objections to working holidays? __ Yes __ No Do you have any objections to working overtime? __ Yes __ No

Please state the reasons why you would be a good employee in the desired position: _____

Do you have dependable transportation to work? __ Yes __ No

Do you have a pre-existing condition that would interfere with or limit your ability to perform the job? __ No __ Yes If yes, please explain: _____

Have you ever been convicted of a felony in the last 10 years? (a conviction does not necessarily preclude employment) __ No __ Yes If yes, please explain: _____

Education

Circle the last full year completed:	Grade (Primary)			High School				College / University				Post Grad			
	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
High School: _____	City: _____			State: _____				Major: _____				Minor: _____			
College / University: _____	City: _____			State: _____				Major: _____				Degree: _____			
U.S. Military / Other Trade School: _____								Branch / Study: _____							
Special Duties or Training Received: _____												How Long?: _____			

Professional References

Employer Information (list most recent first)

1. **Name of Company:** _____
Address: _____ **City:** _____ **State:** ____ **Zip Code:** _____
Number: () _____ **Position:** _____
Date of Employment: Start ___/___/___ End ___/___/___ **Salary/Wage you were Making:** _____
Name of Immediate Supervisor: _____ **May we check with Employer:** __ Yes __ No

2. **Name of Company:** _____
Address: _____ **City:** _____ **State:** ____ **Zip Code:** _____
Number: () _____ **Position:** _____
Date of Employment: Start ___/___/___ End ___/___/___ **Salary/Wage you were Making:** _____
Name of Immediate Supervisor: _____ **May we check with Employer:** __ Yes __ No

3. **Name of Company:** _____
Address: _____ **City:** _____ **State:** ____ **Zip Code:** _____
Number: () _____ **Position:** _____
Date of Employment: Start ___/___/___ End ___/___/___ **Salary/Wage you were Making:** _____
Name of Immediate Supervisor: _____ **May we check with Employer:** __ Yes __ No

Personal References

Give the names of two people, not related to you, whom you have known for at least one year, and whom we may call for a personal reference:

1. Name _____ Address _____ City _____ State ____ Zip Code _____
Home Phone () _____ Business Phone () _____ Years Acquainted _____

2. Name _____ Address _____ City _____ State ____ Zip Code _____
Home Phone () _____ Business Phone () _____ Years Acquainted _____

UNDERSTANDING

I authorize investigation of all statements contained in this application form, if I am considered for employment. I also understand that misrepresentation or omission of facts called for herein, receipt of unsatisfactory references or failure to pass a prescribed physical exam will be sufficient cause for dismissal from the company's service. If any of the facts called for herein change during the course of employment, this may be sufficient cause for reassignment or dismissal from the company's service. I further understand that this policy cannot be except in writing. I understand that my employment can be terminated at any time, with or without cause, and with or without notice, at the option of either the company or myself.

Applicant's Signature _____ Date _____