



DATE OF APPLICATION

MONTH	DAY	YEAR

**CREW MEMBER/ SHIFT LEADER
EMPLOYMENT APPLICATION**

- It is the company’s policy to provide equal employment opportunity in conference with all applicable laws.
- In accordance with the Immigration Reform Act of 1986, any offer of employment is conditioned upon Satisfactory proof of applicant’s indentify and legal ability to work in the United States.

PERSONAL INFORMATION

Last Name	First	Middle	Home Number ()	Cell Number ()
Address		City	State	Zip Code
IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK ? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>				

EMPLOYMENT DESIRED

What type of work are you interested in?	Wage Desired?
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so may we contact your current employer Yes <input type="checkbox"/> No <input type="checkbox"/>

AVAILABILITY

Are there any hours, shifts, or days you cannot or will not work? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you work overtime if asked? Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, When?	

PLEASE INDICATE THE TIMES YOU ARE AVAILABLE TO WORK FOR EACH DAY

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM							
TO							
Total Hours Available Per Week _____							
Work schedules may vary from week to week and occasionally employees are asked to stay late, leave early, or come in on a s scheduled day off							

GENERAL INFORMATION

HAVE YOU EVER WORKED FOR THIS COMPANY, OR ANY OF ITS SUBSIDIARIES OR FRANCHISES Yes <input type="checkbox"/> No <input type="checkbox"/>	
IF YES, WHEN:	WHERE:
SUPERVISOR'S NAME:	REASON FOR LEAVING:
ARE YOU ABLE TO PERFORM ALL THESE ESSENTIALS FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMADATIONS FOR WHICH YOU ARE APPLYING? Yes <input type="checkbox"/> No <input type="checkbox"/>	
HAVE YOU BEEN CONVICTED OF A FELONY IN THE PAST SEVEN YEARS? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe in full.	A "YES" does not automatically disqualify you from employment with this company.
<small>Pursuant to Public Act 93-0211, effective 1, 2004. (20ILCS 2630/12A) applicants seeking employment with the State of Illinois are not obligated to disclose arrest or conviction record that has been expunged or sealed. Employers may not ask if an applicant has had records expunged or sealed. Public Act 93-0211 does not apply to law enforcement agencies, Department of Corrections, State's Attorneys or other prosecutors.</small>	
IF OFFERED EMPLOYMENT, CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES PRIOR TO STARTING WORK? Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATIONAL HISTORY

SCHOOL	NAME/CITY AND STATE	LEVEL OR YEARS COMPLETED	MAJOR	TYPE OF DEGREE OR CERTIFICATE
HIGH SCHOOL		1 2 3 4		
COLLEGES/		1 2 3 4		
OTHER SCHOOLS		1 2 3 4		

EMPLOYMENT HISTORY

PLEASE READ CAREFULLY: BEGIN WITH PRESENT OR MOST RECENT EMPLOYER AND LIST ALL JOBS YOU HAVE HELD FOR THE PAST TEN YEARS. INCLUDE ANY RELEVANT VOLUNTEER WORK EXPERIENCE. ACCOUNT FOR PERIODS OF UNEMPLOYMENT IN THE SPACE PROVIDED BELOW. YOU MAY ATTACH RESUME, HOWEVER THE APPLICATION MUST BE COMPLETED IN FULL.

FROM MO	YR	TO MO	YR	EMPLOYERS NAME	
COMPLETE ADDRESS (STREET NO,CITY,STATE AND ZIP CODE)					
STARTING PAY \$	PER	ENDING PAY \$	PER	YOUR JOB TITLE	IMMEDIATE SUPERVISOR
				AREA CODE AND PHONE # ()	
DESCRIPTION OF DUTIES:					
REASON FOR LEAVING				MAY WE CONTACT? YES NO	

FROM MO	YR	TO MO	YR	EMPLOYERS NAME	
COMPLETE ADDRESS (STREET NO,CITY,STATE AND ZIP CODE)					
STARTING PAY \$	PER	ENDING PAY \$	PER	YOUR JOB TITLE	IMMEDIATE SUPERVISOR
				AREA CODE AND PHONE # ()	
DESCRIPTION OF DUTIES:					
REASON FOR LEAVING				MAY WE CONTACT? YES NO	

FROM MO	YR	TO MO	YR	EMPLOYERS NAME	
COMPLETE ADDRESS (STREET NO,CITY,STATE AND ZIP CODE)					
STARTING PAY \$	PER	ENDING PAY \$	PER	YOUR JOB TITLE	IMMEDIATE SUPERVISOR
				AREA CODE AND PHONE # ()	
DESCRIPTION OF DUTIES:					
REASON FOR LEAVING				MAY WE CONTACT? YES NO	

PLEASE EXPLAIN ANY PERIODS OF UNEMPLOYMENT					
FROM: MO	YR	FROM: MO	YR	HOW DID YOU SPEND YOUR TIME?	
FROM: MO	YR	FROM: MO	YR	HOW DID YOU SPEND YOUR TIME?	

DRUG AND ALCOHOL POLICY

THE COMPANY HAS A VITAL INTEREST IN MAINTAINING A DRUG AND ALCOHOL FREE ENVIRONMENT FOR ITS EMPLOYEES, CUSTOMERS AND VISITORS. THEREFORE, THE COMPANY PROHIBITS THE USE OF, DISTRIBUTION OF, PURCHASE OR SALE OF, OFFERING TO PURCHASE OR SELL, TRANSFER OF, TRAFFICKING IN, AND WORKING OR REPORTING FOR WORK UNDER THE INFLUENCE OF INTOXICANTS, DRUGS OR CONTROLLED, OR ILLEGAL SUBSTANCES. APPLICATIONS FOR EMPLOYMENT MAY UNDERGO A POST-OFFER, PRE-EMPLOYMENT DRUG AND ALCOHOL SCREENING AS A CONDITION OF EMPLOYMENT. RESULTS OF SUCH TESTS WILL BE KEPT CONFIDENTIAL IN ACCORDANCE WITH APPLICABLE LAWS.

PLEASE READ AND SIGN BELOW

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE TO HAVE ANY OF THE STATEMENTS CHECKED BY THE COMPANY UNLESS I HAVE INDICATED TO THE CONTRARY. I AUTHORIZE THE REFERENCES LISTED ABOVE TO PROVIDE THE COMPANY WITH ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THAT THEY MAY HAVE. FURTHER I RELEASE ALL PARTIES AND PERSONS FROM ANY AND ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHING SUCH INFORMATION TO THE COMPANY AS WELL AS FROM THE USE OR DISCLOSURE OF SUCH INFORMATION BY THE COMPANY OR ANY OF ITS AGENTS, EMPLOYEES, OR REPRESENTATIVES. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION OR MATERIAL, OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OR, IF I AM HIRED, IN MY DISMISSAL FROM EMPLOYMENT.

I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE. I UNDERSTAND THAT EMPLOYMENT WITH THE COMPANY IS "AT-WILL" MEANING THAT THE TERMS AND CONDITIONS OF EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT NOTICE, WITH OR WITHOUT CAUSE, INCLUDING, BUT NOT LIMITED TO, TERMINATION, DEMOTION, PROMOTION, COMPENSATION, BENEFITS, DUTIES, AND LOCATION OF WORK. I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO MAKE ASSURANCES TO THE CONTRARY.

APPLICANT'S SIGNATURE _____ DATE _____
FOR COMPANY RESTAURANTS ONLY