

APPLICATION FOR EMPLOYMENT

BBQ Management, Inc. dba Podnuh's Bar-B-Q

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, sexual orientation, political belief or disability that does not prohibit performance of essential job functions. If there is not enough space to fully disclose all requested information on this form, please ask for a separate sheet.

PLEASE PRINT AND COMPLETE EACH SECTION IN FULL.

DATE:			
PERSONAL INFORMATION			
NAME: Last	First	Middle	
SOCIAL SECURITY NUMBER: - -			
PRESENT ADDRESS:	(Street)	(City)	(State) (Zip Code)
PHONE NUMBER: () -	REFERRED BY:		
IF YOU ARE UNDER THE AGE OF 18, PLEASE STATE YOUR DATE OF BIRTH: / /			
IF YOU HAVE LIVED AT YOUR PRESENT ADDRESS FOR LESS THAN 5 YEARS, PLEASE LIST ALL RESIDENTIAL ADDRESSES DURING THE LAST 5 YEARS:			
1. PREVIOUS ADDRESS:	(Street)	(City)	(State) (Zip Code)
FROM	TO		
2. PREVIOUS ADDRESS:	(Street)	(City)	(State) (Zip Code)
FROM	TO		
3. PREVIOUS ADDRESS:	(Street)	(City)	(State) (Zip Code)
FROM	TO		
4. PREVIOUS ADDRESS:	(Street)	(City)	(State) (Zip Code)
FROM	TO		
POSITION APPLYING FOR:			
<u>FOOD SERVICE</u>		<u>CLERICAL</u>	<u>MANAGEMENT</u> (Attach Resume)
<input type="checkbox"/> Cook	<input type="checkbox"/> Cocktail Server	<input type="checkbox"/> Data Processor	<input type="checkbox"/> General Manager
<input type="checkbox"/> Prep	<input type="checkbox"/> Host/Hostess	<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Manager
<input type="checkbox"/> Bus	<input type="checkbox"/> Wait Person	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cashier	<input type="checkbox"/> Bartender		
<input type="checkbox"/> Bar Back	<input type="checkbox"/> Dishwasher		
<input type="checkbox"/> _____	<input type="checkbox"/> Other		

ON WHAT DATE ARE YOU AVAILABLE FOR EMPLOYMENT? _____

PAY DESIRED: \$ _____

DO YOU NOW OR HAVE YOU EVER HAD RELATIVES WORKING FOR THE COMPANY OR ITS AFFILIATES? Yes No Name: _____

Relationship: _____ Company: _____

DO YOU KNOW ANYONE WHO WORKS OR HAS WORKED FOR THIS COMPANY?

Yes No Name: _____

DO YOU OBJECT TO WORKING OVERTIME? Yes No

CAN YOU WORK OVERTIME WITHOUT PRIOR NOTICE? Yes No

PLEASE STATE ANY DAYS OR TIMES THAT YOU ARE NOT AVAILABLE TO WORK:

HAVE YOU APPLIED PREVIOUSLY WITH THIS COMPANY? Yes No
WHEN?

HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO OR NO CONTEST TO, A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?

Answering yes will not automatically exclude you from being hired.

Yes No

IF YES, PLEASE GIVE FULL DETAILS.

HOW DID YOU LEARN ABOUT THIS POSITION?

Advertisement

Agency

Referred by Non-Employee

Campus Interview

Referred by Current Employee

Other (please specify)

NAME AND LOCATION OF SCHOOLS	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
High School:			
College:			
Trade, Business or Correspondence School:			
Military Service:	Years Served:	Rank:	Last Position:

CURRENT AND FORMER EMPLOYERS:

ARE YOU CURRENTLY EMPLOYED? ___ Yes ___ No

LIST BELOW ALL EMPLOYERS FOR THE LAST 5 YEARS, STARTING WITH YOUR CURRENT EMPLOYER.

DATES: MONTH AND YEAR	NAME, ADDRESS AND <u>PHONE NUMBER OF FORMER EMPLOYER</u>	SALARY OR WAGE	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

MAY WE CONTACT YOUR CURRENT EMPLOYER FOR A REFERENCE? ___ Yes ___ No

REFERENCES:

LIST THE NAMES OF THREE (3) PERSONS NOT RELATED TO YOU, WHO HAVE KNOWN YOU AT LEAST ONE YEAR.

NAME	BUSINESS	ADDRESS	PHONE NUMBER	YEARS KNOWN

FEDERAL LAW PROHIBITS THE EMPLOYMENT OF UNAUTHORIZED ALIENS. ALL PERSONS HIRED MUST SUBMIT SATISFACTORY PROOF OF EMPLOYMENT AUTHORIZATION AND IDENTITY WITHIN THREE DAYS OF BEING HIRED. FAILURE TO SUBMIT SUCH PROOF WITHIN THE REQUIRED TIME WILL RESULT IN IMMEDIATE EMPLOYMENT TERMINATION.

AUTHORIZATION: (PLEASE READ CAREFULLY)

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS I HAVE MADE IN THIS APPLICATION. I ALSO AUTHORIZE THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE. I HEREBY RELEASE THE COMPANY AND SUCH REFERENCES AND EMPLOYERS FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM AUTHORIZATION OR THE RELEASE OF SUCH INFORMATION, INCLUDING, WITHOUT LIMITATION, LIABILITY FOR DEFAMATION.

I UNDERSTAND THAT YOUR CONSIDERATION OF MY EMPLOYMENT AND ANY OFFER OF EMPLOYMENT IS CONTINGENT ON THE COMPLETION OF A SATISFACTORY BACKGROUND CHECK WHICH COULD INCLUDE CONSUMER CREDIT, CRIMINAL, DRIVING, AND OTHE REPORTS, APPLICATION CHECK AND REFERENCE CHECKS.

I ALSO UNDERSTAND THAT EMPLOYMENT MAY BE SUBJECT TO THE SATISFACTORY COMPLETION OF A COMPANY PAID DRUG TEST WHICH MAY BE ADMINISTERED AFTER I RECEIVE A JOB OFFER BUT BEFORE I BEGIN EMPLOYMENT. I ACKNOWLEDGE THAT THE COMPANY CONDUCTS RANDOM DRUG TESTS ON ITS EMPLOYEES. IF EMPLOYED BY THE COMPANY, I AGREE BY SIGNING BELOW TO SUBMIT TO A RANDOM DRUG TEST IF THE COMPANY SO REQUESTS.

I ALSO UNDERSTAND THAT EMPLOYMENT WITH THE COMPANY IS AT WILL AND THE EMPLOYMENT RELATIONSHIP MAY BE ENDED BY EITHER PARTY, WITH OR WITHOUT NOTICE.

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 THE ABOVE, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER OF THE COMPANY.

DATE: _____

SIGNATURE: _____