



We are an Equal Opportunity Employer, All 40 or over), or any other basis protected separate employment application must be submitted in order to be considered for employment.

disability, sex, national origin, age (for those age active for 30 days. After this time period a

Personal

Please Print Neatly or Type

Date _____

First Name _____ **Middle** _____ **Last** _____

Street Address _____ **Social Security No.** _____

City/State/Zip _____ **Phone** (____) _____ - _____

If hired, do you have a reliable means of transportation to work? Yes ___ No ___

Are you at least 18 years of age? Yes ___ No ___

Drivers License Number _____ **State Issued** _____ **Expiration Date** _____

Are you legally eligible for employment in the U.S.? Yes ___ No ___ (Proof of Citizenship Required if Hired)

Have you ever been convicted of a felony in the last seven years? Yes ___ No ___

Are you currently on Parole? Yes ___ No ___ Are you currently awaiting trial? Yes ___ No ___

Are you currently on deferred Adjudication? Yes ___ No ___

If you answered yes to any of the previous questions, state the nature of the offense and disposition of the case. Include dates and places. (Note: Felony Convictions or the existence of a criminal record do not constitute an automatic bar to employment)

Employment Data

Are you seeking: Temporary ___ Full-time ___ Part-Time ___

What Position are you applying for? _____

What hours and shift(s) would you prefer to work? _____

What hours and shift(s) would you prefer not to work? _____

What hours and shift(s) would you not be able to work? _____

Are you willing to work overtime? Yes ___ No ___

Have you ever worked for this organization before? Yes ___ No ___ If yes: Name Used _____

List any friends or relatives employed at this company _____

Are you on layoff and subject to recall? Yes ___ No ___

Have you ever been discharged or asked to resign from any position? Yes ___ No ___

If Yes, Please Describe

How many days have you missed from school or work within the past year other than approved vacation, sick, or disability leave? _____ Days late _____

Please Describe _____

Are you able to provide all required tasks without accommodation? Yes ____ No ____ Please describe which tasks, if any, you will need accommodations to perform, and explain what type of accommodation you will need

Education (circle highest attained)

Elementary: 1 2 3 4 5 6 7 8 Secondary 9 10 11 12 College: 1 2 3 4+

Name / Location of High School: _____

Name / Location of College: _____

Degree & Major (if applicable): _____

If currently in high school, are you enrolled in a recognized co-op program? Yes ____ No ____

If Yes, identify program and school: _____

Military Service

Are you a veteran? Yes ____ No ____ If yes, give dates of service: From _____ to _____

List any special skills or training: _____

Work History and Questionnaire

Please attach a resume, outlining previous work experience. For each position please include: Company, phone number, full address, dates of employment, salary beginning and ending, job title, and the supervisors name and title. Please take time to explain your duties at each position, and your reasons for leaving. If you do not wish to have us contact previous employers please make a note of such, and briefly explain why.

Please include a brief paragraph outlining why you think you would be a great addition to the Daddy O's team. Feel free to include any unique skills you may have. We are most interested in how you work with others and what unique element you can bring to our diner. Please keep responses under a half a page.

Please Read the Following Carefully, Then sign and date the Application

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug/alcohol test required of me, whether prior to my employment or if employed by this company at any time thereafter. I understand and expressly agree that if employed by the company, storage areas provided for me (locker, desk, etc.) are open to investigation or search by the company without prior notice to me. I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except an officer of the company, who may do so only in writing. I have read and understand the above.

Applicant's Signature _____ Date _____

Check over the foregoing application, making sure it is complete and signed.