

# EMPLOYMENT APPLICATION

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

Full Name \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Last First Middle Initial

Have you worked under a different name? (for reference checking purposes) If so, please list: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

Present Address \_\_\_\_\_  
Street Address City State Zip

Phone #(s) (\_\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Are you legally eligible for employment in the United States?  Yes  No

Have you worked for us before?  Yes  No If so, what location and when? \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Job Applied for: \_\_\_\_\_ Rate of Pay Expected \$ \_\_\_\_\_ per \_\_\_\_\_

## Qualifications, Education and Training

Do you have previous Restaurant training or experience? If so, describe: \_\_\_\_\_

Which of your experiences, skills, or other qualifications do you feel especially fit you for work here? \_\_\_\_\_

High School School Name \_\_\_\_\_ Address \_\_\_\_\_

Did you graduate?  Yes  No Grade Average: \_\_\_\_\_

College School Name \_\_\_\_\_ Address \_\_\_\_\_

Did you graduate?  Yes  No Degree earned: \_\_\_\_\_ Grade Average: \_\_\_\_\_

Other School Name \_\_\_\_\_ Address \_\_\_\_\_

Did you graduate?  Yes  No Degree earned: \_\_\_\_\_ Grade Average: \_\_\_\_\_

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses?  Yes  No  
 If Yes, Please explain: \_\_\_\_\_

(a conviction record is not necessarily a bar to employment)

## Work Availability

Day	Circle Preferred Shift		Hours you CAN work	Hours you CANNOT work
	Day	Night		
Monday	Day	Night		
Tuesday	Day	Night		
Wednesday	Day	Night		
Thursday	Day	Night		
Friday	Day	Night		
Saturday	Day	Night		
Sunday	Day	Night		

Complete Reverse Side

**Previous Employment (begin with most recent position)**

Company Name \_\_\_\_\_ Nature of Business \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Position Held: \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Ending Salary/ Rate of Pay \$ \_\_\_\_\_ per  
Reason For Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Nature of Business \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Position Held: \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Ending Salary/ Rate of Pay \$ \_\_\_\_\_ per  
Reason For Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Nature of Business \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Position Held: \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Ending Salary/ Rate of Pay \$ \_\_\_\_\_ per  
Reason For Leaving \_\_\_\_\_

**EMPLOYMENT APPLICATION DISCLAIMER AND ACKNOWLEDGEMENT**

I certify that information given herein is true and complete to the best of my knowledge.

I authorize investigation of all statements and references contained in this employment application as maybe necessary in arriving at an employment decision. I understand that falsification of any information on this form will result in my immediate termination of employment. I understand that this employment application and any other company documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time for any reason. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any prospective or existing employee. I understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs during employment.

Furthermore, I agree to read the Employee Handbook in full if employed with your company and agree that it also is not a contract of employment.

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_ PRINT NAME \_\_\_\_\_

# BRIGHT STAR RESTAURANT INQUIRY RELEASE

IN CONNECTION WITH, AND DURATION OF MY EMPLOYMENT OR VOLUNTEER SERVICE (INCLUDING CONTRACT FOR SERVICES) WITH YOU, I UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRIES ARE TO BE MADE ON MYSELF INCLUDING CONSUMER, CRIMINAL, DRIVING AND OTHER REPORTS. THESE REPORTS COULD INCLUDE INFORMATION AS TO MY CHARACTER, WORK HABITS, PERFORMANCE, AND EXPERIENCE ALONG WITH REASONS FOR TERMINATION OF PAST EMPLOYMENT FROM PREVIOUS EMPLOYERS. FURTHER, I UNDERSTAND THAT YOU WILL BE REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES WHICH MAINTAIN RECORDS CONCERNING MY PAST ACTIVITIES RELATING TO MY DRIVING, CREDIT, CRIMINAL, CIVIL, EDUCATION AND OTHER EXPERIENCES AS WELL AS CLAIMS INVOLVING ME IN THE FILES OF INSURANCE COMPANIES.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER TO FURNISH THE ABOVE MENTIONED INFORMATION:

**PRINT FULL NAME:** \_\_\_\_\_

SOC. SEC. NUM. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MO      DAY      YR

CURRENT ADDRESS \_\_\_\_\_ HOW LONG \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
CITY      STATE      ZIP      COUNTY

PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG \_\_\_\_\_  
(IF AT CURRENT ADDRESS LESS THAN 7 YEARS)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
CITY      STATE      ZIP      COUNTY

DRIVERS LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

PRIOR EMPLOYER(S) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_

NAME \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
CITY      STATE      FROM      TO      PHONE NUMBER

EDUCATIONAL INSTITUTION(S) \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FROM      TO      STATE      DEGREE

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PROSPECTIVE EMPLOYER \_\_\_\_\_