



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status. Reasonable accommodations are available to qualified disabled individuals upon request.

All portions of this application pertaining to you must be completed.

Applicant Information (Please print clearly)

Position(s) applied for: _____ **Date:** _____

Name:

INITIAL FIRST LAST MIDDLE

Address: _____
STREET CITY STATE
ZIP CODE

Phone:(____) _____ **E-mail Address:** _____

Why are you seeking a new job at this time?

How did you hear about us? Please specify.

- Internet Website _____
- School _____
- Referred by _____
- Newspaper/Publication _____
- I am a former Haunted Group employee _____
- Other _____

If hired, do you have a reliable means of transportation to get to work? Yes No
Are you of legal age to serve alcohol in this state? Yes No
 No

If hired, can you provide evidence that you are legally able to work in the U.S.?

Note: Proof of U.S. citizenship or immigration status is required if hired. Yes No

Have you ever been convicted of a crime in the past 7 years (i.e. Misdemeanor or Felony)?

Note: Please exclude convictions for which the records were sealed, expunged, dismissed or erased. A prior conviction will not necessarily disqualify you from consideration for employment. Yes No

If yes, state the nature of the offense and disposition of the case(s). Please include applicable dates and locations.

Employment Information (Please print clearly)

Employment Status Desired:

Full-time

Part-time

Temporary/Seasonal

Specify hours available for each day of the week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Are you, or do you plan to be in school taking classes at any time while working here?

Yes No

Are you willing to work overtime?

Yes No

Weekends?

Yes No

Holidays?

Yes No

Are you currently employed?

No

Yes

Have you ever worked for us before?

Yes No

If so, which restaurant? _____

If hired, what date would you be able to start? _____

List any friends or relatives employed by our company: _____

Have you ever been discharged or asked to resign from any position?

Yes No

If yes, please explain:

Are you able to perform the essential tasks of the job for which you are applying with or without reasonable accommodation?

Yes No

Note: Please describe which tasks, if any, you will need accommodation to perform and explain what

Education and Training (Circle highest level achieved)

Subject Studied,

Name, City and State of School

Years Completed

Did you graduate?

Degree Received?

High School		1	2	3	4	Y	N	
		GED						
College		1	2	3	4	Y	N	
		5	6	7	8			
Trade, Business or Correspondence School		1	2	3	4	Y	N	

List any professional skills, certificates or licenses you possess that are relevant to the

position for which you are applying: _____

Relevant POS (point of sale) and computer experience:

Aloha Word Excel Other(s):

Work History *(Begin with most recent position and please account for the last 5 years)*

Please check this box if you do not have any prior work experience.

1. Company _____
Phone No. with Area Code (____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____
Salary: Beginning _____ End _____
Job Title: _____ Supervisor's Name & Title: _____
Describe duties briefly: _____
Specific reason for leaving: _____ Still employed? _____

2. Company _____
Phone No. with Area Code (____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____
Salary: Beginning _____ End _____
Job Title: _____ Supervisor's Name & Title: _____
Describe duties briefly: _____
Specific reason for leaving: _____ Still employed? _____

3. Company _____
Phone No. with Area Code (____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____
Salary: Beginning _____ End _____
Job Title: _____ Supervisor's Name & Title: _____
Describe duties briefly: _____
Specific reason for leaving: _____ Still employed? _____

4. Company _____
Phone No. with Area Code (____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____
Salary: Beginning _____ End _____
Job Title: _____ Supervisor's Name & Title: _____
Describe duties briefly: _____
Specific reason for leaving: _____ Still employed? _____

For reference/background check purposes:

Have you worked for any of these companies or attended school under a different name?

No

Yes

If yes, give name and company: _____

May we contact the employer(s) listed above?

Yes No

If not, list any employers that you do not wish for us to contact and why:

Authorization, Certification and At-Will Employment

Please read carefully, then sign and date below.

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I understand that I shall be required to provide documentation establishing my legal authorization for employment within the first three days of my employment.

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.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

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.

At-Will Employment Agreement

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's CEO is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Read, Understood and Agreed

Applicant Signature: _____

Applicant Printed Name: _____ **Today's Date:** _____