

AN EQUAL OPPORTUNITY EMPLOYER



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

NAME _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____

TELEPHONE () _____ Are you 18 years or older? YES NO

If hired, can you provide the documents required to prove that you are authorized to work in the U.S.? YES NO

EDUCATION

TYPE	NAME/LOCATION	COURSE OF STUDY	NO. YEARS COMPLETED	DIPLOMA/DEGREE
Elementary & Jr. High				
High School				
College				
Technical				
Other				

EMPLOYMENT RECORD

1. COMPANY-NAME ADDRESS PHONE _____ SUPERVISOR _____	POSITION	EMPLOYMENT DATES		PAY	REASON FOR LEAVING
		FROM	TO		
2. COMPANY-NAME ADDRESS PHONE _____ SUPERVISOR _____					
3. COMPANY-NAME ADDRESS PHONE _____ SUPERVISOR _____					

LIST HOURS AND DAYS AVAILABLE TO WORK

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM (time)							
TO (time)							

REFERRED BY: Newspaper ad Internet Job Fair Other, please list: _____

Are you related to anyone employed by Charley's Steakery? Yes No If yes, name the person, relationship and location employed: _____

Have you previously worked for Charley's Steakery? Yes No If yes, give dates: _____

Location _____ Supervisor's Name _____

U.S. MILITARY SERVICE

Branch of Service _____

Rank & Type of Service _____

Training/Experience Received _____

REFERENCES

NAME	OCCUPATION	YRS. KNOWN	PHONE NUMBER

Please list any additional information such as licenses, certification, or skills that you consider important to the job for which you have applied:

Can you perform the essential duties of the job for which you have applied? ___ yes ___ no / with ___ without ___ accomodation?

Have you ever been convicted (found guilty) of attempting or committing any crime other than a minor traffic violation? ___ yes ___ no
If yes, when? _____ For what? _____

Note: A conviction record will not necessarily bar individuals from employment. You are not required to reveal records which have been judicially expunged, sealed or eradicated.

IMMIGRATION REFORM AND CONTROL ACT OF 1986

I understand that, if hired, I will be required to offer examination documents proving I am a United States citizen or an alien currently authorized to work in the United States. I also understand that my continued employment is contingent upon my providing the necessary documentation within the prescribed time frames.

Acknowledgment: _____ Date: _____
(Applicant's Signature)

READ CAREFULLY BEFORE SIGNING

I hereby certify, to the best of my knowledge, that the answers given are true and complete. I also understand that an omission or falsification may disqualify me from consideration for employment or may be grounds for my immediate dismissal. I agree to conform to the rules and regulations of the company and, if employed, I understand and agree that my employment is at-will and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause, and with or without advance notice at the option of either the company or myself. I understand that no supervisor, manager or other representative of the company has any authority to enter into any express or implied contract for employment for any specific period of time. Any agreement contrary to the above must be in writing and expressly state that it is a contract and be signed by the authorized representative of the company. In making this application for employment it is understood that an investigative consumer report may be prepared whereby information is obtained from former employers, educational institutions which I attended, credit agencies, references neighbors and friends. I authorize my former employers, education institutes, credit agencies, references, neighbors and friends to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release all parties from all liability for any damages that may result from furnishing same to you. I understand that if such investigation should reveal a false statement or derogatory reports, I may be disqualified from employment or subsequently dismissed. I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I agree to a physical examination, if requested, and I understand that employment for certain positions is conditioned upon successful completion of a substance abuse screening test, and that failure to pass this test will prevent my employment with the company.

Acknowledgment: _____ Date: _____
(Applicant's Signature)