



EMPLOYMENT APPLICATION

This application will remain on file for 30 days

Shane's Rib Shack is an equal opportunity employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status or disability.

PERSONAL DATA

Application Date: _____

Name: _____
Last First Middle Initial

Present Address: _____
No. Street City State Zip Code

How long have you lived at this address?: _____ Telephone #: _____

Previous Address: _____
No. Street City State Zip Code

Job Applied For: _____ Type of Employment: Full Time Part Time

Rate of Pay Expected: \$ _____ per _____ Date available to start: _____

AVAILABILITY List hours available to work per week Check here is available anytime

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
from	to	from	to	from	to	from	to	from	to	from	to	from	to

Have you ever worked for Shane's Rib Shack? yes no

If yes, when?: _____ where?: _____

Do you have any relatives or friends currently working for Shane's Rib Shack: yes no

If yes, state relationship to you, and which Shane's Rib Shack location: _____

Do you have reliable transportation to and from work? yes no

Are you able at the time of employment to submit verification of your legal right to work in the U.S.? yes no
 (Verification and completion of Form I-9 must be submitted no later than 3 business days after date of hire.)

LIST ALL PRESENT AND PAST EMPLOYMENT BELOW, BEGINNING WITH THE MOST RECENT

Name, Address Phone # of Company	From	To	Last Position Held: Titles & Duties	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor



PERSONAL REFERENCES (Not former employers or relatives)

Name & Address	Occupation	Phone Number

RECORD OF EDUCATION

School	Name & Address of School	Course of Study	Years Attended (optional)	Did you graduate	List Diploma or degree	Extracurricular Activities
High School						
College						
Other						

BACKGROUND

1. Are you at least 18 years of age or older? yes no If NO, what is your date of birth?: month / day / year
2. Have you ever been counseled or disciplined in a prior job for cash handling violations? yes no
3. Have you ever been counseled, disciplined or terminated in a prior job for theft, violence, discrimination or harassment? yes no

If you answered YES to questions 2 and/or 3, please describe in full: _____

SECURITY DATA

Have you ever been convicted of a felony, entered a plea of nolo to a felony charge or been convicted of a misdemeanor? yes no

*A yes answer is not an automatic bar to employment. All individual circumstances may be considered.

IMPORTANT...READ BEFORE SIGNING

I certify that information given herein is true and complete to the best of my knowledge. If employed by the Company, I understand and agree that, to the extent permitted by federal, state and local law, it may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles and computers) and, in certain circumstances, my personal property.

I authorize investigation of all statements and references contained in this employment application as may be necessary in arriving at an employment decision, including requests for criminal or credit reports. I understand that information that is incorrect, falsified, or misleading, or has been omitted from this application, may result in disqualification from consideration of employment or immediate termination of employment. I acknowledge that this employment application and all other Company documents are not contracts of employment and that any individual who is hired may voluntarily leave employment and/or may be terminated by the employer at any time and 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.

Signature _____ Date _____