

APPLICATION TO WORK WITH FRIZZLE'S RESTAURANT

PERSONAL INFORMATION

NAME _____
FIRST NAME MIDDLE NAME LAST NAME

ADDRESS _____
STREET CITY STATE ZIP

PHONE _____ ALTERNATIVE PHONE _____

DATE OF BIRTH _____ ARE YOU 16 YEARS OR OLDER? YES NO

If you are under the age of 18 you must obtain a work permit.

DO YOU HAVE ANY LIMITATIONS WE SHOULD KNOW ABOUT? YES NO IF YES PLEASE EXPLAIN:

IS YOUR CITIZENSHIP OR IMMIGRATION STATUS SUCH THAT YOU CAN LAWFULLY WORK IN THE U.S.?
YES NO *Employment is dependent upon proof of citizenship, employment authorization or presentation of an alien registration number*

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES NO *If yes, provide details*

WORK HISTORY

(PLEASE LIST MOST RECENT INFORMATION

DATES EMPLOYED: FROM _____ TO _____ COMPANY: _____

ADDRESS _____ SUPERVISOR _____ CONTACT NUMBER _____

JOB TITLE: _____ RATE OF PAY: _____ MAY WE CONTACT THIS EMPLOYER? YES NO

REASON FOR LEAVING _____

DATES EMPLOYED: FROM _____ TO _____ COMPANY: _____

ADDRESS _____ SUPERVISOR _____ CONTACT NUMBER _____

JOB TITLE: _____ RATE OF PAY: _____ MAY WE CONTACT THIS EMPLOYER? YES NO

REASON FOR LEAVING _____

DATES EMPLOYED: FROM _____ TO _____ COMPANY: _____

ADDRESS _____ SUPERVISOR _____ CONTACT NUMBER _____

JOB TITLE: _____ RATE OF PAY: _____ MAY WE CONTACT THIS EMPLOYER? YES NO

REASON FOR LEAVING _____

Has any previous employer ever disciplined you for absenteeism or tardiness? YES NO *If yes explain:*

Have you ever been discharged or asked to resign by any previous employer? YES NO *If yes explain:*

Have you ever worked for a Frizzle's Restaurant before? YES NO *If yes:*

LOCATION: _____ DATES EMPLOYED: FROM _____ TO _____

EDUCATION

FLIP TO OTHER SIDE TO COMPLETE APPLICATION

SCHOOL MOST RECENTLY ATTENDED: NAME _____ LOCATION _____
 DID YOU GRADUATE? YES NO IF NO, LAST GRADE COMPLETED _____ NOW ENROLLED? YES NO
 GRADE AVERAGE _____ SPORTS, ACTIVITIES _____
 OTHER SCHOOLING OR SPECIAL TRAINING _____

OTHER INFORMATION _____

LIST ANY FRIENDS OR RELATIVES THAT WORK AT THIS STORE _____
 HOW DID YOU LEARN ABOUT THIS POSITION _____
 IN CASE OF AN EMERGENCY, CALL _____ RELATIONSHIP _____ NUMBER _____

WHAT YOU DESIRE _____

HOW MANY HOURS PER WEEK WOULD YOU LIKE TO WORK _____ SALARY DESIRED _____

WHAT POSITION WOULD YOU PREFER? _____ WHAT SHIFT WOULD YOU PREFER? _____

HOURS AVAILABLE	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM							
TO							

WHAT DATE ARE YOU AVAILABLE TO START _____

In completing this application, I understand that it is very important that I be completely truthful. I realize and agree that if it is discovered that the information I provided on this application is in any way inaccurate, misleading, or incomplete in any respect, I will be disqualified from employment, OR if I have already been hired, my employment will be terminated immediately.

I have read, understood, and agree to the above. I certify that all of the information I have provided is true and correct.

Signature of Applicant _____ Date _____

Frizzle's Restaurant does not discriminate in employment because of race, color, sex, religion, national origin, age marital status, or liability for service in the armed forces of the United States.

This application will be considered active for thirty (30) days. For consideration after 30 days you must reapply.

FOR INTERNAL USE ONLY - NOT TO BE FILLED OUT BY APPLICANT

Hire Date	Rehire Date
Full-time <input type="checkbox"/>	Part - Time <input type="checkbox"/>
	Temp <input type="checkbox"/>
Job Title	
Pay Rate	Hourly <input type="checkbox"/> Salary <input type="checkbox"/>
Approved By	Date

MINOR'S WORK PERMIT	PROOF OF AGE
SOCIAL SECURITY CARD COPIED	I - 9 COMPLETED
EMPLOYEE PAPERS GIVEN/ SIGNED	ENTERED IN FOR TIME KEEPING
FEDERAL TAX (W4) COMPLETED	STATE TAX (A4) COMPLETED

REFERENCE REQUEST Date requested _____
 Date completed _____