

PERSONAL

APPLICATION

Applicants will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

Last Name		First Name		Middle Initial	Date
Address					Home Phone
					Email Address
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____					Social Security No. **Last 4 Digits ONLY:
Position Requested	How long at current address? _____ Years		Cell Phone		Pay Requested
Are you available to work day, night and weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, explain:					Are you willing to work at other locations if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No					Can you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 19 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No					When can you start? _____
State names-of relatives and friends working for us other than your spouse.			How would you get to work? Car, Bus, etc.		Do you own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of a crime in the past ten years, excluding misdemeanors and traffic tickets or convictions which have been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe in full					

EDUCATION

Name and address of School	Major	No. of Years Completed	Did you Graduate?
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Inquiry Waiver Authority for Release of Information

I respectfully request and authorize you to furnish Hart's Fried Chicken Restaurant any information requested on my work performance, attendance record and eligibility for re-employment you may have concerning me. This information will be used to assist in determining my qualification and fitness for any and all jobs I may be seeking with Hart's Fried Chicken Restaurant.

Intending to be legally bound hereby, I release and hold harmless the persons or establishment on the attached form including any officers, directors, employees, agents, and other contacted from liability, costs, claims or damages of whatever nature which may result to me and arising out of and in connection with the furnishing of any information in connection with this request and authorization. Photostatic copies of this authorization carry the same authority as the original. In signing this authorization, I understand that this release will only be furnished to those employers and their representatives as listed in my application for a job with Hart's Fried Chicken Restaurant.

Date _____ Signature _____

PAST EMPLOYERS

Business		Telephone
Address		Employed (State Month and Year) From To
Name of Manager	Name of Supervisor	Weekly Pay
State Job Title and Describe Your Work		Reason For Leaving
May We Contact this employer for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No		

Business		Telephone
Address		Employed (State Month and Year) From To
Name of Manager	Name of Supervisor	Weekly Pay
State Job Title and Describe Your Work		Reason For Leaving
May We Contact this employer for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No		

Business		Telephone
Address		Employed (State Month and Year) From To
Name of Manager	Name of Supervisor	Weekly Pay
State Job Title and Describe Your Work		Reason For Leaving
May We Contact this employer for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No		

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for termination.

I authorize you to obtain an investigate consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances.. This report, if obtained, may include information as to my character, general reputation, personal characteristics and life style. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

Date Signature

* INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED *

I understand that, if I am hired by the Company, the Company may terminate my employment at any time and for any reason the Company deems sufficient. I understand that I do not have a contract of employment for a particular time. I understand that, except by written agreement signed by the President of the Company, no manager, supervisor, employee or other Company representative has any authority (i) to promise employment for a particular length of time, or (ii) to make any other promises or other representations about my continued employment with the Company. I acknowledge that no such representations or promises have been made to me to induce me to accept employment with the Company.

Signature of Applicant _____

Date _____