



# EMPLOYMENT APPLICATION

**We are an equal opportunity employer.**

- DIRECTIONS**
- Type or print, using black ink or marker pen.
  - If you need additional space, attach another sheet of paper.
  - Do not forget to sign the application.

## GENERAL

BLANK

NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NO.	DATE OF APPLICATION
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)			PHONE NO. - DAY ( )	PHONE NO. - EVENING ( )
ADDRESS WHERE YOU MAY BE CONTACTED IF DIFFERENT FROM PRESENT ADDRESS			ALTERNATE PHONE NO. ( )	ARE YOU UNDER 18?  ARE YOU OF LEGAL AGE TO SERVE ALCOHOLIC BEVERAGES?
IF HIRED, CAN YOU PROVIDE PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO				

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? \_\_\_\_\_ IF SO, PLEASE EXPLAIN. A CRIMINAL CONVICTION WILL BE CONSIDERED ONLY IN RELATION TO THE JOB FOR WHICH YOU ARE APPLYING. SERIOUSNESS AND NATURE OF THE OFFENSE, TIME ELAPSED, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.

## POSITION

POSITION APPLYING FOR	SOURCE OF REFERRAL	LOCATION DESIRED: <b>MAGNOLIA</b>
DATE AVAILABLE	POSITION DESIRED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	SPECIFY AVAILABILITY DAY OR EVENING SHIFTS; DAYS OF THE WEEK AND TIME AVAILABLE FOR WORK
		DESIRED WAGES \$ _____ PER HOUR OR PER YEAR

**Note: Even if you have submitted a resume, you still need to complete the Employment Record, Education & Training, and References sections. Please be sure to provide all of the requested information in order to ensure that your application will be considered.**

## EMPLOYMENT RECORD

LIST MOST RECENT EMPLOYMENT FIRST

START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGES	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ( )
POSITION DESCRIPTION				
START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGES	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ( )
POSITION DESCRIPTION				

## 2 EMPLOYMENT RECORD CONTINUED

START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGES	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE (      )
POSITION DESCRIPTION				

## EDUCATION & TRAINING

COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			
	<input type="checkbox"/>	<input type="checkbox"/>			
CITY & STATE					
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			
	<input type="checkbox"/>	<input type="checkbox"/>			
CITY & STATE					
HIGH SCHOOL LAST ATTENDED	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			
	<input type="checkbox"/>	<input type="checkbox"/>			
CITY & STATE					

LIST LICENSES, FOREIGN LANGUAGES, COMPUTER, EQUIPMENT, TYPING, OR OTHER SKILLS & TRAINING YOU CONSIDER RELEVANT TO EMPLOYMENT WITH US

LANGUAGE ABILITY--LIST ONLY THOSE YOU COULD USE IN YOUR WORK

ENGLISH	SPEAK	READ	WRITE	OTHER	SPEAK	READ	WRITE	OTHER	SPEAK	READ	WRITE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL ORGANIZATIONS, ASSOCIATIONS, HONORS, CERTIFICATIONS, AND PROFESSIONAL LICENSES YOU CONSIDER RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING.

## REFERENCES

LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, YOU WILL PERMIT US TO CONTACT, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION.

NAME/TITLE/RELATIONSHIP TO APPLICANT	LAST KNOWN ADDRESS	PHONE NUMBERS

## AUTHORIZATION

APPLICATION MUST BE SIGNED PRIOR TO SUBMITTING.

I hereby authorize Eden Restaurants or its authorized agent, to obtain personal investigative reports on me, including but not limited to statements in this application, (and on my resume, if provided), character information, my general reputation or personal characteristics. I certify that such statements

are true, and understand that misrepresentation or omission of facts called for in this form, or on any resume provided by me, is cause for refusal to hire, or discharge in the event of employment. If hired, I understand that employment with Eden Restaurants is at-will, and for no definite period of time.

Date \_\_\_\_\_

Signature \_\_\_\_\_

NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF RACE, COLOR, ETHNICITY, NATIONAL ORIGIN, SEX/GENDER, SEXUAL ORIENTATION, RELIGION, CREED, DISABILITY (INCLUDING HIV STATUS), AGE, VETERAN STATUS, MARITAL STATUS OR EX-OFFENDER STATUS, OR ANY OTHER CATEGORY PROTECTED BY LAW. EMPLOYMENT IS CONTINGENT UPON FURNISHING EVIDENCE OF IDENTITY AND EMPLOYMENT ELIGIBILITY IN THE UNITED STATES. EFF. DATE 09/06