

TO BE FILLED OUT BY MANAGEMENT ONLY:

STORE: _____ **RATE OF PAY:** _____

GENERAL

NAME: (FIRST) _____ (M) _____ (LAST) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____

PHONE # _____ IF UNDER 18 AGE: _____ BIRTHDATE ____/____/____ **MUST BE AT LEAST 16**

POSITION APPLYING FOR: _____ DATE AVAILABLE: _____ HOW DID YOU HEAR ABOUT US? _____

DAYS AVAILABLE: SUN _____ MON _____ TUE _____ WED _____ THURS _____ FRI _____ SAT _____

HOURS AVAILABLE: SUN _____ MON _____ TUE _____ WED _____ THURS _____ FRI _____ SAT _____

REASON FOR APPLYING FOR THIS PARTICULAR EMPLOYMENT: _____

RELATIVES OR FRIENDS EMPLOYED BY RIB COUNTRY BBQ:

NAME: _____ STORE: _____ RELATIONSHIP: _____

NAME: _____ STORE: _____ RELATIONSHIP: _____

IN CASE OF AN EMERGENCY LIST A CONTACT PERSON:

NAME: _____ ADDRESS: _____ CITY: _____ PHONE #: _____

NAME: _____ ADDRESS: _____ CITY: _____ PHONE #: _____

EDUCATION	NAME	LOCATION	MAJOR	YEARS COMPLETED	GPA
HIGH SCHOOL	_____	_____	_____	9 10 11 12	_____
COLLEGE	_____	_____	_____	1 2 3 4	_____
OTHER	_____	_____	_____	1 2 3 4	_____
US MILITARY	_____	_____	_____	PERIOD OF DUTY	_____

LEGAL

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, EXPLAIN: _____ NO ___ YES ___

HAVE YOU EVER, OR ARE YOU PRESENTLY ON PROBATION? NO ___ YES ___

HAVE YOU EVER STOLEN FROM AN EMPLOYER? NO ___ YES ___

HAS ANY EMPLOYER WRONGLY SUSPECTED YOU OF THEFT OR WRONG DOING? IF YES EXPLAIN: NO ___ YES ___

HAVE YOU EVER BEEN FIRED FROM AN EMPLOYER? IF YES EXPLAIN: NO ___ YES ___

EMPLOYMENT HISTORY (MOST RECENT FIRST)

EMPLOYER: _____ PHONE # _____ SUPERVISOR: _____ TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____

YOUR POSITION: _____ MTHS/YRS EMPLOYED: _____ SALARY/WAGES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ PHONE # _____ SUPERVISOR: _____ TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____

YOUR POSITION: _____ MTHS/YRS EMPLOYED: _____ SALARY/WAGES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ PHONE # _____ SUPERVISOR: _____ TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____

YOUR POSITION: _____ MTHS/YRS EMPLOYED: _____ SALARY/WAGES: _____

REASON FOR LEAVING: _____

Authorization and Acknowledgements

I certify that I have not knowingly withheld any information that might affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure this employment can be grounds for rejection of my application or, if I am employed by this company, can be grounds for my immediate termination from the company.

____(Initial)

I permit the company to check and verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

____(Initial)

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any and all information listed above.

SIGNATURE OF APPLICANT: _____

DATE SIGNED: ____/____/____