



# APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in our Company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aide us in seeking to place you in a position which, in our judgement, best meets your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age marital or veteran status, or the presence of a medical condition or handicap.

|  |  |       |  |   |  |   |          |
|--|--|-------|--|---|--|---|----------|
| TODAY'S DATE   |  |       | DATE AVAILABLE FOR WORK                      |   |  |   |          |
| NAME (Print)<br>Last   |  | First |  | Middle  |  | HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME? |          |
| ADDRESS NO. AND STREET   |  |       | CITY   |   | STATE  |   | ZIP CODE |
| TELEPHONE NO. HOME:  |  |       | OTHER: _____                                 |   | ARE YOU A U.S. CITIZEN or DO YOU HAVE THE RIGHT TO REMAIN PERMANENTLY IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO                      |   |          |
| HOW WERE YOU REFERRED?<br><input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> OTHER REFERRAL <input type="checkbox"/> SCHOOL PLACEMENT <input type="checkbox"/> WALK-IN<br><input type="checkbox"/> REHIRE <input type="checkbox"/> EMPLOYMENT REFERRAL    If referral from whom? _____ |  |       |  |   | ARE YOU 18 or OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If not, state your age*<br>*must be able to prove age or employment certificate |   |          |
| ARE YOU APPLYING FOR:<br><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary  |  |       |  |   | POSITION DESIRED   |   |          |
| ARE YOU AVAILABLE FOR: <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> HOLIDAYS    (Check all that apply)   |  |       |  |   |  |   |          |
| ARE THERE ANY DAYS OR SHIFTS YOU CANNOT WORK EACH WEEK: (PLEASE LIST)  |  |       | HOW MANY HOURS PER WEEK DO YOU WANT TO WORK? |   | WHAT IS YOUR EXPECTATION FOR WEEKLY INCOME FROM THIS POSITION?   |   |          |
| HAVE YOU EVER WORKED FOR A PONDEROSA STEAKHOUSE?   |  |       |  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                  |  | IF SO WHEN AND WHERE?                     |          |
| CAN YOU PASS A DRUG SCREEN FOR ILLEGAL SUBSTANCES?   |  |       |  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                  |  | <input type="checkbox"/> DON'T KNOW       |          |
| HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |       |  | IF YES, LIST ALL CONVICTIONS, SHOWING OFFENSE AND DATE (Exclude minor traffic violations) |  |   |          |
| HAVE YOU BEEN FIRED OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |       |  | IF SO, LIST DATES AND EXPLAIN:  |  |   |          |

|  |
|--|
| HOW LONG WILL IT TAKE YOU TO GET FROM HOME TO WORK? _____  |
| WHAT TYPE OF TRANSPORTATION WILL YOU USE?<br><input type="checkbox"/> YOUR OWN AUTO <input type="checkbox"/> PUBLIC TRANSPORTATION <input type="checkbox"/> AID OF YOUR RELATIVES <input type="checkbox"/> FRIENDS OR CO-WORKERS |
| DO YOU DRIVE? _____ DRIVER'S LICENSE # _____   |

| EDUCATION   | SCHOOL NAME AND CITY/STATE | COURSE OF STUDY | CIRCLE LAST    |   |   |   | GRADUATED |     |
|---|----------------------------|-----------------|----------------|---|---|---|-----------|-----|
|   |                            |                 | YEAR COMPLETED | 1 | 2 | 3 | 4         | YES |
| HIGH SCHOOL OR G.E.D.   |                            |                 | 1              | 2 | 3 | 4 |           |     |
| COLLEGE   |                            | MAJOR           | 1              | 2 | 3 | 4 |           |     |
|   |                            | MINOR           |                |   |   |   |           |     |
| OTHER   |                            | MAJOR           | 1              | 2 | 3 | 4 |           |     |
|   |                            | MINOR           |                |   |   |   |           |     |
| DO YOU HAVE ANY DEFINITE PLANS TO CONTINUE YOUR EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO    PLEASE DESCRIBE: _____ |                            |                 |                |   |   |   |           |     |
| HAVE YOU TAKEN ANY OTHER SPECIALIZED COURSES/SEMINARS? <input type="checkbox"/> YES <input type="checkbox"/> NO    PLEASE DESCRIBE: _____     |                            |                 |                |   |   |   |           |     |

EXTRA CURRICULAR ACTIVITIES: \_\_\_\_\_ HOBBIES: \_\_\_\_\_

|   |      |   |   |   |   |   |   |   |
|---|------|---|---|---|---|---|---|---|
|   |      | M | T | W | T | F | S | S |
| How many hours per week can you work? _____ hours available | FROM |   |   |   |   |   |   |   |
|   | TO   |   |   |   |   |   |   |   |

HOW IS / WAS YOUR SCHOOL ATTENDANCE:  
 GOOD     AVERAGE     FAIR     POOR

| EMPLOYMENT RECORD (Begin with present or last employer. Include military and periods of unemployment)  |                             |                               |                      |                     |
|--|-----------------------------|-------------------------------|----------------------|---------------------|
| MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO   |                             |                               |                      |                     |
| DATES  | COMPANY NAME AND ADDRESS    | WAGES                         | JOB TITLE AND DUTIES | REASON FOR LEAVING? |
| FROM<br>MO. YR.  | COMPANY:<br>ADDRESS:        | STARTING                      |                      |                     |
| TO<br>MO. YR.  | PHONE:<br>SUPERVISOR:       | LAST                          |                      |                     |
| FROM<br>MO. YR.  | COMPANY:<br>ADDRESS:        | STARTING                      |                      |                     |
| TO<br>MO. YR.  | PHONE:<br>SUPERVISOR:       | LAST                          |                      |                     |
| FROM<br>MO. YR.  | COMPANY:<br>ADDRESS:        | STARTING                      |                      |                     |
| TO<br>MO. YR.  | PHONE:<br>SUPERVISOR:       | LAST                          |                      |                     |
| <b>PERSONAL REFERENCES</b>   |                             |                               |                      |                     |
| NAME:<br>ADDRESS:  |                             | PHONE #<br>BEST TIME TO CALL: |                      |                     |
| NAME:<br>ADDRESS:  |                             | PHONE #<br>BEST TIME TO CALL: |                      |                     |
| NAME:<br>ADDRESS:  |                             | PHONE #<br>BEST TIME TO CALL: |                      |                     |
| HAVE YOU ANY EXPERIENCE NOT LISTED ABOVE?  |                             |                               |                      |                     |
| WHY SHOULD WE HIRE YOU?  |                             |                               |                      |                     |
| DO YOU LIKE TO SMILE? <input type="checkbox"/> YES <input type="checkbox"/> NO      ARE YOU A HARD WORKER? <input type="checkbox"/> YES <input type="checkbox"/> NO      ARE YOU A FRIENDLY PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO |                             |                               |                      |                     |
| IN CASE OF EMERGENCY<br>PLEASE NOTIFY:   | NAME _____<br>ADDRESS _____ | TELEPHONE _____               | RELATIONSHIP _____   |                     |

**AUTHORIZATION AND UNDERSTANDING:**

Upon the signing of this application, I represent that all of the information now or hereafter given by me is support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without an obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of and such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate our employment relationship with or without cause at any time. I agree that I will be bound by all rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the company except those which have been acknowledged in writing, by a principal of the firm. I hereby authorize the firm to deduct from each and every period of pay amounts legally allowed for damages caused by me or the value of property or money entrusted to me, or owed by me to the firm during the course of my employment.

I agree that any action or suit against the firm arising out of my employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any action or claim arising out of my employment against the firm in which the firm prevails, I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my pre-employment physical or drug test (if either is required) are known.

\_\_\_\_\_  
Applicant Signature Date

**FOR MANAGER USE ONLY:**

Manager Initials: \_\_\_\_\_

|              | Excellent | Good | Fair | Poor | Comments: |
|--------------|-----------|------|------|------|-----------|
| Appearance   |           |      |      |      |           |
| Availability |           |      |      |      |           |
| Personality  |           |      |      |      |           |
| Potential    |           |      |      |      |           |