



Date: _____

Store: _____

APPLICATION FOR EMPLOYMENT

Name _____ Position _____ Location _____
Last First

Present Address _____
Number & Street City & State Zip

Cell Phone _____ Home Phone _____

Email _____

Are you under 18 yrs of age? ____ Yes ____ No How were you referred? _____

Date Able To Start _____ Have you previously worked or applied for a job with 110 Grill? _____

Are you a US Citizen or authorized to work legally in the US? _____

AVAILABILITY

Please put a check mark on the days and shifts you ARE available to work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Ideally how many shifts would you like to work per week _____?

Ideally what would your perfect schedule look like? _____.
(Please note this is not a guarantee, but a request for preferences)

WORK HISTORY

List most recent job first. Include all employment. You may include volunteer work. If more space is needed, write on the back of this form.

Dates		Company Name and Address	Job Title or Duties	Reason for leaving
From	To			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* Are you on layoff and subject to recall? _____ Yes _____ No

MILITARY SERVICE

Branch _____ Rank _____ Discharge Date _____

Training or type of work done in military _____

AN EQUAL OPPORTUNITY EMPLOYER

*Dates Attended Name of School City/State Course/Degree

From To High School

College

Please describe any job related skills or training not mentioned above: _____

Please read carefully and sign below

I certify that the information given above is true and complete and I understand that misrepresentation and/or withholding of information will result in the rejection of this application or my discharge if discovered after employment begins. I authorize the Company to make inquiries regarding my history and character of prior employers, schools, etc. and hereby release employers, schools or individuals from all liability in responding to inquiries in connection with my application and release the Company from all liability with respect to such inquiries.

I understand that if employed, I will be an employee "at will:" and may be terminated at any time, with or without cause, and with or without notice at the option of either the Company or myself. I also understand that no representative of the Company, other than the President, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. If I am employed, I agree to abide by the Company's policies, rules and procedures and any changes thereto.

Print Name _____

Date _____

Signature _____