



EMPLOYMENT APPLICATION

THE OHIO RESTAURANT ASSOCIATION MEMBERS

ARE EQUAL OPPORTUNITY EMPLOYERS. ALL QUALIFIED APPLICANTS WILL BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, CREED, COLOR, SEX, NATIONAL ORIGIN, AGE, HANDICAP OR ANCESTRY AS REQUIRED BY LAW.

THIS APPLICATION IS EFFECTIVE THIRTY (30) DAYS FROM THE DATE YOU APPLY. FOR CONSIDERATION BEYOND THIRTY (30) DAYS, INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME. DATE _____

PERSONAL INFORMATION SOCIAL SECURITY NUMBER _____ / _____ / _____

NAME	Last	First	Middle
PRESENT ADDRESS	Street	City	State ZIP
PERMANENT ADDRESS	Street	City	State ZIP
PHONE NO.	E-MAIL		

ARE YOU 18 YEARS OF AGE OR OLDER? Yes No IF NO, WHAT IS YOUR DATE OF BIRTH? / /
 Are you legally entitled to hold employment in the United States? Yes No

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR WHICH HAS NOT BEEN EXPUNGED FROM YOUR RECORD OTHER THAN MINOR TRAFFIC VIOLATIONS? Yes No

If "yes", where and for what offense(s) were you convicted? _____

(A CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS DATE, NATURE AND NUMBER OF OFFENSES, AGE AT THE TIME OF OFFENSE AND REHABILITATION AS WELL AS JOB DUTIES WILL BE CONSIDERED.)

HAVE YOU EVER BEEN FIRED, DISCHARGED, OR ASKED TO RESIGN FROM A JOB? Yes No
 If "yes", identify the former employer(s) by name, address and telephone number. Explain the circumstances and provide the date(s). _____

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____
 Indicate which days you can work by entering the earliest starting time and latest ending time.

MON	TUES	WED	THURS	FRI	SAT	SUN

EDUCATION

Name and Location of School	No. of Years Attended	Did you Graduate?	Subjects Studied & Degree Received*
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

*DEGREE OF EDUCATIONAL ACHIEVEMENT IS CONSIDERED IN THE HIRING PROCESS ONLY TO THE EXTENT THAT SPECIFIC EDUCATIONAL ACHIEVEMENT IS A REQUIREMENT FOR PERFORMING THE JOB

CHECK KIND OF WORK YOU HAVE DONE

- | | | | |
|-------------------------------------|---|--|--|
| <input type="checkbox"/> Bartender | <input type="checkbox"/> Cook Helper | <input type="checkbox"/> Fountain | <input type="checkbox"/> Porter |
| <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Counter | <input type="checkbox"/> Host or Hostess | <input type="checkbox"/> Pot Washer |
| <input type="checkbox"/> Bus Person | <input type="checkbox"/> Cashier | <input type="checkbox"/> Kitchen Helper | <input type="checkbox"/> Salad |
| <input type="checkbox"/> Carver | <input type="checkbox"/> Dietician | <input type="checkbox"/> Manager | <input type="checkbox"/> Sandwiches |
| <input type="checkbox"/> Chef | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Pantry | <input type="checkbox"/> Typist |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Food Prep Technician | <input type="checkbox"/> Pastry Cook | <input type="checkbox"/> Vegetable Cook |
| | | | <input type="checkbox"/> Wait Staff |
| | | | <input type="checkbox"/> Wait Staff - Arm Service |
| | | | <input type="checkbox"/> Wait Staff - Tray Service |
| | | | <input type="checkbox"/> Other _____ |
| | | | <input type="checkbox"/> Other _____ |

EMPLOYMENT EXPERIENCE

ARE YOU EMPLOYED NOW? Yes No IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

List below present and past employment, beginning with your most recent employer.

DATE (MONTH & YEAR)	NAME & ADDRESS OF EMPLOYER	SALARY (Upon Leaving)	POSITION	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				

REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

NAME	PHONE NUMBER	POSITION/BUSINESS	YEARS ACQUAINTED

If assistance is needed during any phase of the hiring or employment process, please advise.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed incomplete, false or misleading statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing same to you.

I also authorize you to obtain information regarding my record with the Bureau of Motor Vehicles if the job for which I am applying will require driving as part of my job duties.

I understand that pursuant to the company's job application process I may be required to undergo drug testing. I understand that I may be disqualified from further employment consideration if I refuse to take or fail the drug test unless I can demonstrate that A) the test was erroneous; or B) prior to taking the test I ceased using illegal drugs and am now enrolled in a supervised rehabilitation program; or C) I am taking the drugs under supervision of a licensed health care professional.

I knowingly and voluntarily consent to the company's request to undergo a drug test. I further release this company, its agents, representatives and employees from any and all claims and liability for damages associated with or arising from my submission to the test.

In consideration of my employment, I agree to conform to company rules, regulations and policies, and agree that my employment is at-will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either the company or me. I understand that the rules and regulations and any personnel manual do not constitute a contract of employment.

Signature _____ Date _____