



## Application for Employment - Hourly Position

This application must be filled out completely, even though some information may be duplicated from your resume. PLEASE PRINT LEGIBLY.

### PERSONAL AND GENERAL INFORMATION

DATE

POSITION DESIRED

LAST

FIRST

MIDDLE

PRIMARY PHONE NO.

SECONDARY PHONE NO.

PRESENT ADDRESS

UNIT/NO.

CITY

STATE

ZIP

HOW LONG?

PREVIOUS ADDRESS

UNIT/NO.

CITY

STATE

ZIP

HOW LONG?

ARE YOU CURRENTLY EMPLOYED?

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

YES / NO

YES / NO

HAVE YOU EVER WORKED FOR SPRC OR MCALISTER'S DELI?

WHERE?

WHEN?

YES / NO

HOW DID YOU HEAR ABOUT THIS COMPANY?

WHAT POSITION ARE YOU APPLYING FOR?

DO YOU HAVE ANY FRIENDS OR RELATIVES THAT WORK FOR SPRC?

WHERE?

WHO?

YES / NO

IS THERE ANY REASON YOU COULD NOT PERFORM ALL PHYSICAL ASPECTS FOR THE POSITION YOU ARE APPLYING? IF YES, PLEASE EXPLAIN:

YES / NO

**EDUCATION INFORMATION**

CIRCLE LAST GRADE COMPLETED

NAME & LOCATION (CITY & STATE) OF LAST HIGH SCHOOL

1 2 3 4 5 6 7 8 9 10 11 12 GED

NAME OF COLLEGE OR UNIVERSITY

YEARS ATTENDED

GRADUATION MONTH & YEAR

ADDRESS (CITY & STATE)

TYPE OF DEGREE

GPA

AREA OF STUDY

OTHER TRAINING (TRADE BUSINESS OR CORRESPONDENCE SCHOOL)

GRADUATION MONTH & YEAR

ADDRESS (CITY & STATE)

TYPE OF CERTIFICATION

GPA

AREA OF STUDY

OTHER PROFESSIONAL TRAINING, SEMINARS, CLASSES, CERTIFICATION AND SKILLS

**SECURITY INFORMATION**

IF YOU ARE OFFERED EMPLOYMENT, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?

YES / NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS) FOR WHICH A PARDON WAS NOT GRANTED? IF YES, EXPLAIN:

YES / NO

**US MILITARY STATUS**

BRANCH

RANK

DESCRIPTION OF RELEVANT SKILLS ACQUIRED DURING US MILITARY SERVICE

**RECORD OF EMPLOYMENT (LAST 3 JOBS IN ORDER FROM PRESENT/MOST RECENT TO LAST)**

NAME OF PRESENT OR LAST EMPLOYER TYPE OF BUSINESS OR COMPANY PRODUCT

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STREET ADDRESS PHONE NO.

--	--

CITY STATE ZIP START DATE END DATE

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POSITION/TITLE HELD REASON FOR LEAVING STARTING PAY ENDING PAY

--	--	--	--

NAME OF SUPERVISOR SUPERVISOR'S TITLE

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DESCRIPTION OF WORK RELATED RESPONSIBILITIES

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NAME OF PREVIOUS EMPLOYER TYPE OF BUSINESS OR COMPANY PRODUCT

--	--

STREET ADDRESS PHONE NO.

--	--

CITY STATE ZIP START DATE END DATE

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POSITION/TITLE HELD REASON FOR LEAVING STARTING PAY ENDING PAY

--	--	--	--

NAME OF SUPERVISOR SUPERVISOR'S TITLE

--	--

DESCRIPTION OF WORK RELATED RESPONSIBILITIES

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**RECORD OF EMPLOYMENT CONTINUED**

NAME OF PREVIOUS EMPLOYER

TYPE OF BUSINESS OR COMPANY PRODUCT

--

STREET ADDRESS

PHONE NO.

--

CITY

STATE

ZIP

START DATE

END DATE

--

POSITION/TITLE HELD

REASON FOR LEAVING

STARTING PAY

ENDING PAY

--

NAME OF SUPERVISOR

SUPERVISOR'S TITLE

--

DESCRIPTION OF WORK RELATED RESPONSIBILITIES

--

MAY WE CONTACT THE EMPLOYERS LISTED? IF NOT, INDICATE WHICH ONE(S) AND WHY.

YES / NO

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? IF YES, PLEASE EXPLAIN.

YES / NO

HOW MANY JOBS HAVE YOU HAD IN THE LAST TEN YEARS THAT ARE NOT LISTED ABOVE? PLEASE LIST THE NAMES OF COMPANIES.

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PLEASE EXPLAIN ANY EXTENDED PERIOD OF UNEMPLOYMENT.

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# AVAILABILITY

DATE AVAILABLE TO START

WHAT ARE YOUR WAGE REQUIREMENTS?

\$

WHICH DO YOU PREFER?

HOW MUCH WOULD YOU LIKE TO WORK?

\_\_\_\_\_ PART-TIME

\_\_\_\_\_ FULL-TIME

\_\_\_\_\_ # SHIFTS PER WEEK

\_\_\_\_\_ # HOURS PER WEEK

WHEN CAN YOU WORK?

LUNCH (8:00 a.m. - 4:00 p.m.)

DINNER (4:00 p.m. - Close)

*Check the box that applies for each day at lunch and dinner, then fill in any other necessary information.*

MONDAY:

- Anytime
- Not at all
- Only before: \_\_\_\_\_m.
- Only after: \_\_\_\_\_m.

- Anytime
- Not at all
- Only before: \_\_\_\_\_m.
- Only after: \_\_\_\_\_m.

TUESDAY:

- Anytime
- Not at all
- Only before: \_\_\_\_\_m.
- Only after: \_\_\_\_\_m.

- Anytime
- Not at all
- Only before: \_\_\_\_\_m.
- Only after: \_\_\_\_\_m.

WEDNESDAY:

- Anytime
- Not at all
- Only before: \_\_\_\_\_m.
- Only after: \_\_\_\_\_m.

- Anytime
- Not at all
- Only before: \_\_\_\_\_m.
- Only after: \_\_\_\_\_m.

THURSDAY:

- Anytime
- Not at all
- Only before: \_\_\_\_\_m.
- Only after: \_\_\_\_\_m.

- Anytime
- Not at all
- Only before: \_\_\_\_\_m.
- Only after: \_\_\_\_\_m.

FRIDAY:

- Anytime
- Not at all
- Only before: \_\_\_\_\_m.
- Only after: \_\_\_\_\_m.

- Anytime
- Not at all
- Only before: \_\_\_\_\_m.
- Only after: \_\_\_\_\_m.

SATURDAY:

- Anytime
- Not at all
- Only before: \_\_\_\_\_m.
- Only after: \_\_\_\_\_m.

- Anytime
- Not at all
- Only before: \_\_\_\_\_m.
- Only after: \_\_\_\_\_m.

SUNDAY:

- Anytime
- Not at all
- Only before: \_\_\_\_\_m.
- Only after: \_\_\_\_\_m.

- Anytime
- Not at all
- Only before: \_\_\_\_\_m.
- Only after: \_\_\_\_\_m.

**COMMENTS/DISCLOSURE/CONDITIONS OF EMPLOYMENT**

COMMENTS:

Saxton Pierce Restaurant Corporation is an equal opportunity employer. All qualified applicants will be considered without regard to race, religion, color, sex, national origin, age or disability. **Conditions of Employment:** I understand that false statement or omissions on this application or resume may result in dismissal at any time. I understand and agree that all information furnished on this application may be verified by Saxton Pierce Restaurant Corporation (herein after referred to as SPRC) or its authorized representative. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization or credit bureau to give SPRC all information, relative to such verification and hereby release such individuals, organization, and SPRC from any and all liability for any claim or damage resulting there from. In consideration of my employment, I agree to conform to the rules and regulations of SPRC. I understand that any employment relationship is 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 understand that only the President of SPRC 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.

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

\_\_\_\_\_  
Date