



APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Other Phone		Date Available		Desired Salary \$	
Position Applied for			Referred By		
Are you 16 years of age or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If hired, can you submit verification of your legal right to work in the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this Company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony or which the record has not been judicially ordered sealed, expunged, or eradicated? <small>(Applicants will not be denied employment solely on the grounds of a conviction. The nature and date of the offense and the surrounding circumstances may be considered.)</small>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:	

EDUCATION

High School		Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES *please list three professional references*

Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			

PREVIOUS EMPLOYMENT (PLEASE COMPLETE FORM IN FULL)

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Please indicate the Days and Times you are available to work. All employees must be available to work:

- 2 Days with a minimum of 10 Total Hours
- At least 1 Weekend Shifts; preference given to 2

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
From							
To							

AT-WILL STATEMENT

We make no representation regarding the nature or duration of employment with Saxton Pierce Restaurant Corporation. All employment with Saxton Pierce Restaurant Corporation is "at-will." This means that, if hired, either you or Saxton Pierce Restaurant Corporation may terminate the employment relationship at any time, with or without notice, with or without cause, subject to all relevant laws.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information that I provide in my application or during the interview process may result in the termination of my employment.

Signature	Date
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