

# Saxton Pierce Restaurant Corporation

## Application for Salaried Employment – Management/Professional Positions



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. Important: 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.	SSN
PRESENT ADDRESS			
CITY	STATE	ZIP	HOW LONG?
PREVIOUS ADDRESS			
CITY	STATE	ZIP	HOW LONG?
HOW DID YOU HEAR ABOUT THIS COMPANY?	SALARY REQUIREMENTS		DATE AVAILABLE TO START
	\$		
ARE THERE ANY DATES/TIMES THAT YOU WOULD BE UNABLE TO WORK ON A NORMAL BASIS? PLEASE EXPLAIN:			
YES / NO			
ARE YOU CURRENTLY EMPLOYED?		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
YES / NO		YES / NO	
HAVE YOU EVER APPLIED WITH SPRC?		WHERE?	WHEN?
YES / NO			
HAVE YOU WORKED FOR SPRC?		WHERE?	WHEN?
YES / NO			
			REASON FOR LEAVING

### 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	GRADE AVERAGE
			AREA OF STUDY
NAME OF COLLEGE OR UNIVERSITY		YEARS ATTENDED	GRADUATION MONTH & YEAR
ADDRESS (CITY & STATE)		TYPE OF DEGREE	GRADE AVERAGE
			AREA OF STUDY
OTHER TRAINING (TRADE BUSINESS OR CORRESPONDENCE SCHOOL)			GRADUATION MONTH & YEAR
ADDRESS (CITY & STATE)		TYPE OF CERTIFICATION	GRADE AVERAGE
			AREA OF STUDY
OTHER PROFESSIONAL TRAINING, SEMINARS, CLASSES, CERTIFICATION AND SKILLS			

### SECURITY INFORMATION

IF YOU ARE OFFERED EMPLOYMENT, CAN YOU SUBMIT VERIFICATION OF YOU LEGAL RIGHT TO WORK IN THE UNITED STATES?	
YES / NO	
HAVE YOU EVER BEEN CONVICTED (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 PRESENT TO LAST ORDER)**

NAME OF PRESENT OR LAST 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		SUBJECT TO RECALL?		
DESCRIPTION OF WORK RELATED RESPONSIBILITIES					
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		SUBJECT TO RECALL?		
DESCRIPTION OF WORK RELATED RESPONSIBILITIES					
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		SUBJECT TO RECALL?		
DESCRIPTION OF WORK RELATED RESPONSIBILITIES					
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		SUBJECT TO RECALL?		
DESCRIPTION OF WORK RELATED RESPONSIBILITIES					
MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? 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.					
PLEASE EXPLAIN ANY EXTENDED PERIOD OF UNEMPLOYMENT.					
YES / NO					

Conditions of Employment: I understand that false statement or omissions on this application or resume may result in dismissal at any time. I agree to a urinalysis drug screening, if required. 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2\_\_\_\_

# Saxton Pierce Restaurant Corporation

## Confidential Reference Release / Current or Most Previous Employer

Applicant: This information should correspond with what is listed on page 2 of this application, under Record of Employment.

**This is my present employer. I request no information be solicited. DO NOT COMPLETE THIS PAGE IF CHECKED.**

To Whom It May Concern:

I have made application to Saxton Pierce Restaurant Corporation for employment. The following data may help in identifying me and my employment record:

THIS SECTION TO BE COMPLETED BY APPLICANT			
COMPANY NAME			
ADDRESS			PHONE
CITY	STATE	ZIP	FAX
YOUR NAME WHILE EMPLOYED		DATES OF EMPLOYMENT FROM MM/YY-TO MM/YY	SSN
POSITION HELD	RATE OF PAY	PER	
	\$		
IMMEDIATE SUPERVISOR'S NAME	DEPARTMENT		
REASON FORM LEAVING			

I request and authorize you to release all information requested on the following page by Saxton Pierce Restaurant Corporation, including that concerning my employment record, character, habits and abilities, and reasons for leaving your employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2\_\_\_\_

# Saxton Pierce Restaurant Corporation

## Confidential Reference Release / Previous Employer

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To Whom It May Concern:

I have made application to Saxton Pierce Restaurant Corporation for employment. The following data may help in identifying me and my employment record:

### THIS SECTION TO BE COMPLETED BY APPLICANT

COMPANY NAME

ADDRESS

PHONE

CITY

STATE

ZIP

FAX

YOUR NAME WHILE EMPLOYED

DATES OF EMPLOYMENT FROM MM/YY-TO MM/YY

SSN

POSITION HELD

RATE OF PAY

PER

IMMEDIATE SUPERVISOR'S NAME

DEPARTMENT

REASON FOR LEAVING

I request and authorize you to release all information requested on the following page by Saxton Pierce Restaurant Corporation, including that concerning my employment record, character, habits and abilities, and reasons for leaving your employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2\_\_\_\_

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THIS SECTION TO BE COMPLETED BY APPLICANT					
COMPANY NAME					
[ ]					
ADDRESS				PHONE	
[ ]				[ ]	
CITY	STATE	ZIP	FAX		
[ ]	[ ]	[ ]	[ ]		
YOUR NAME WHILE EMPLOYED			DATES OF EMPLOYMENT FROM MM/YY-TO MM/YY		SSN
[ ]			[ ]		[ ]
POSITION HELD		RATE OF PAY		PER	
[ ]		\$ [ ]		[ ]	
IMMEDIATE SUPERVISOR'S NAME			DEPARTMENT		
[ ]			[ ]		
REASON FORM LEAVING					
[ ]					

I request and authorize you to release all information requested on the following page by Saxton Pierce Restaurant Corporation, including that concerning my employment record, character, habits and abilities, and reasons for leaving your employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2\_\_\_\_

# Saxton Pierce Restaurant Corporation

## Confidential Reference Inquiry

To Whom It May Concern:

We are asking your assistance in making an employment decision and would like to reassure you that all information provided on the form will be held in strictest confidence. A Release of Information has been completed by the applicant, your former employee, and is found on the preceding page. An immediate reply would be appreciated. Please fax the completed form to (214) 373-3403 or email to meganholladay@saxtonpierce.com. Thank you again for your help.

Sincerely,

APPLICANT COPY  
KEEP FOR YOUR RECORDS

Megan Holladay  
Human Resources Assistant  
Saxton Pierce Restaurant Corporation  
8117 Preston Road; Suite 682 – LB 35  
Dallas, Texas 75225  
Tel: (214) 373-3400 \* Fax: (214) 373-3403

**THIS SECTION TO BE COMPLETED BY CURRENT OR PREVIOUS EMPLOYER**

EMPLOYEE NAME		
POSITION HELD	DATES OF EMPLOYMENT FROM MM/YY-TO MM/YY	DEPARTMENT
ELIGIBLE FOR REHIRE?	RATE OF PAY	PER
YES / NO	\$	
REASON FORM LEAVING		
OTHER REMARKS		

	EXCELLENT	GOOD	FAIR	POOR	COMMENTS
Quality of Work					
Dependability					
Cooperation					

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

# Saxton Pierce Restaurant Corporation

## Background Investigation Waiver

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I hereby give full and complete permission to Saxton Pierce Restaurant Corporation (herein after referred to as SPRC) to conduct a full and complete background investigation including, but not limited to (a) information concerning my work history, including my working relationship with my present employer; (b) my educational background and verification of any/all degrees obtained; (c) information forthcoming from any and all criminal background checks with local, state and federal agencies regarding any and all convictions and other criminal activities; (d) information regarding my driving record from all states which have authorized me to operate a motor vehicle on public highways; (e) information concerning my consumer credit rating; and (f) information on my social security record.

I certify that all the answers given on my application and statements made by me are true and complete to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations in my application may result in rejection of my application or discharge at any time during my employment.

I authorize the companies, schools, persons and other named as references to furnish SPRC with any information they may have regarding me, and agree they shall not be liable in any respect should my employment be terminated because of misrepresentation or omission of material facts in my application.

I understand that any offer of employment is contingent upon satisfactory results of a background investigation.

I hereby state that I release forever, fully and completely, all companies and/or individuals who may supply said information or those receiving or seeking it (including, but not limited to, Company officers, officials, employees or investigators) from all liability, both civil and criminal, in past, present or future litigation or actions that could or may arise from said background investigation.

This authorization is given of my own free will, without any threats, promises, offers or reward of inducement given to or against me by anyone. I understand that this waiver and the information received will be made a permanent part of my personnel file.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2\_\_\_\_

Full Legal Name: \_\_\_\_\_

# Saxton Pierce Restaurant Corporation

## Credit Report Disclosure & Authorization Form

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By this document, Saxton Pierce Restaurant Corporation (herein after referred to as SPRC) discloses to you that a consumer credit report, including an investigative consumer report containing information about your character, general reputation, personal characteristics and mode of living may be obtained for employment purposes as part of the pre-employment background investigation and at any time during employment.

Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act.

SPRC will respond to a request for detailed information in a written statement to be mailed or otherwise delivered to you no later than five days after the date it receives your written request for additional information or the date the report was first requested, whichever the date is later in time.

Please direct any request for additional information to:

Saxton Pierce Restaurant Corporation  
8117 Preston Road, Suite 682-LB35  
Dallas, TX 75225  
Tel: (214) 373-3400 Fax: (214) 373-3403

I acknowledge that I have received a copy of the above notice and that I authorize a copy of my credit report to be released to SPRC or an investigative consumer report to be requested by SPRC. (See below if you want to furnish the report instead of having SPRC request it.) Your signature below indicates your authorization for SPRC to obtain a consumer credit report and/or investigative consumer report about you from a consumer reporting agency.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2\_\_\_\_

Full Legal Name: \_\_\_\_\_

*(Check and Sign Only if Applicable)*

I will furnish a copy of my credit report instead of it being requested by SPRC. I understand that it must be a credit report from one of the three major credit reporting agencies (Equifax 800-685-1111 [www.equifax.com](http://www.equifax.com), Experian 888-397-3742 [www.experian.com](http://www.experian.com), or TransUnion 800-916-8800 [www.transunion.com](http://www.transunion.com)) and must be dated within thirty (30) days from the date of this application. I understand that no formal offer will be made without the credit report being furnished.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2\_\_\_\_

Full Legal Name: \_\_\_\_\_

# Saxton Pierce Restaurant Corporation

## Credit Report Disclosure & Authorization Form / Applicant Copy

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By this document, Saxton Pierce Restaurant Corporation (herein after referred to as SPRC) discloses to you that a consumer credit report, including an investigative consumer report containing information about your character, general reputation, personal characteristics and mode of living may be obtained for employment purposes as part of the pre-employment background investigation and at any time during employment.

Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act.

SPRC will respond to a request for detailed information in a written statement to be mailed or otherwise delivered to you no later than five days after the date it receives your written request for additional information or the date the report was first requested, whichever the date is later in time.

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Full Legal Name: \_\_\_\_\_

APPLICANT COPY  
KEEP FOR YOUR RECORDS

*(Check and Sign Only if Applicable)*

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Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2\_\_\_\_

Full Legal Name: \_\_\_\_\_