

# Speedy's & Mapleview Family Restaurant

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## APPLICATION FOR EMPLOYMENT

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Please TYPE or PRINT clearly. This application must be completed and signed personally by the applicant. Each question must be answered in full. If answer is NO or NONE, indicate same. We appreciate your interest in our organization.

This organization is an Equal Opportunity Employer. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, physical or mental disability, marital status, veteran status, or any other legally protected status or class. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process are encouraged to contact the Human Resources Department.

### PERSONAL:

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NAME:                  Last    First    Middle Initial

### PERMANENT ADDRESS:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City    State    Zip    Telephone Number (       )       )

1. Are you eighteen (18) years of age or older?     yes     no
  2. Are you employed now?     yes     no  
If so, may we inquire of your present employer?     yes     no
  3. Position applied for: \_\_\_\_\_ Salary Desired \$ \_\_\_\_\_/wk
  4. Other position(s) qualified for: \_\_\_\_\_
  5. Are you legally eligible for employment in the United States? [] yes [] no
  6. Check shift(s) you can work:    [] Full Time    [] Part Time    [] Day    [] Evening    [] Night
  7. Special Licenses or Certifications \_\_\_\_\_  
Expiration Date \_\_\_\_\_
  8. Have you ever been employed by this company?     yes     no
  9. Americans with Disabilities Act Clarification: Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation? [] yes [] no
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## EDUCATION:

Circle Highest Grade Completed:	Grade School	High School	College	Graduate
	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
School	Address	Major Studies	Degree, Diploma License or Certificate	
High School				
College/University				
Vocational, Business, Other				

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Military Service Branch: \_\_\_\_\_ Years Served: \_\_\_\_\_

Training and Experience: \_\_\_\_\_

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## EMPLOYMENT HISTORY (List most recent first)

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Name of Company	Address	Phone
Dates of Employment: From _____ To _____		
Salary Start: \$ _____ per _____	Last: \$ _____ per _____	
Type of Business: _____		
Your Position/Title _____		
Supervisor _____		
Reason for Leaving _____		
Briefly Describe Your Duties and Responsibilities: _____		

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Name of Company	Address	Phone
Dates of Employment: From _____ To _____		
Salary Start: \$ _____ per _____	Last: \$ _____ per _____	
Type of Business: _____		

January 2013

Your Position/Title \_\_\_\_\_

Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Briefly Describe Your Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form. I also authorize investigation of my employment record and references, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any prior notice.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

January 2013