# EC HO

### **APPLICATION FOR EMPLOYMENT**

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, veteran status or any other legally protected status.

## **\*\*PLEASE PRINT CLEARLY\*\***

Position applied f	or			Date / /					
How did you find	out about th	is job? 🔲 I	Newspaper	Employee	🗌 Walk-in	Relative	Other		
Why are you see	king a new jo	ob at this tim	ie?						•
Applicant Infor	mation								
First Name		Mi	ddle			Last			-
Street Address		Social Security No					-		
City/State/Zip	ate/Zip Phone						_		
Email address:									_
Are you at least 18 Are you legally elig	•	•	•	-	•			ired if hired	d.)
Have you been co disposition of the automatic bar to er	case. Include								
Employment Ir	formation								
Are you seeking fu	ll time, part tin	ne or tempora	ary employm	ent?					-
What hours and sh	ift(s) would yo	ou prefer to w	ork?						-
Please list your availability.	Sun	Mon	Tues	Wed	Thurs	Fri	Sat		
Are you willing to w	vork overtime	with or withou	ut notice?	Wee	ekends?	Holidays	?_		
Are you currently e				•					
List any friends or I	relatives empl	loyed by this a	company:						-

If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform all these tasks with or without reasonable accommodation? Please describe which tasks, if any, you will need accommodation to perform, and explain what type of accommodation you will need:

# Education (circle highest level achieved)

Secondary: 9 10 11 12 G.E.D

Name of School:	Name of School:				
tion of School: Location of School:					
EMPLOYMENT HISTORY (Please list your prese	nt or most recent employer first)				
Employer:	Phone Number: ()				
Address:	Employed From:To:				
Position Title:	Wage/Salary:				
Supervisor's Name:	Reason for Leaving:				
Nature of work performed and responsibilities:					
Employer:	Phone Number: ()				
Address:					
Position Title:					
	Reason for Leaving:				
Nature of work performed and responsibilities:					
Employor	Phone Number: ( )				
Employer:					
Address:					
Position Title:	Wage/Salary: Reason for Leaving:				
Nature of work performed and responsibilities:					
Employer:	Phone Number: ()				
Address:	Employed From:To:				
Position Title:	Wage/Salary:				
Supervisor's Name:	Reason for Leaving:				
Nature of work performed and responsibilities:					
If yes, give name and organization(s)					
May we contact the employers listed above? If	not, list the employers you do not wish us to contact:				

## Authorizations & At-Will Employment Agreement

#### (please read carefully, then sign and date below)

This Application will be kept on file for 60 days. If you wish to be considered for employment after 60 days from the date you submit your Application, you need to return to the office and fill out another application.

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify Restaurant ECHO if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize Restaurant ECHO, if applicable to my position, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I understand Restaurant ECHO has a substance abuse policy based on reasonable cause/suspicion and hereby agree to submit to any drug or alcohol test requested of me.

I understand that the first 60 days of employment is an Orientation Period and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between Restaurant ECHO and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all.

Signature	Date	

Name (please print)	