

APPLICATION FOR EMPLOYMENT

Station 21 American Grill

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____
Last First Middle

Address: _____
Street (Apt) City/State Zip

Alternate Address: _____
Street City/State Zip

Contact Information: _____
Home Telephone Mobile Telephone Email

How did you learn about our company?

POSITION SOUGHT: _____ **Available Start Date:** _____

Desired Pay Range: _____ **Are you currently employed?** _____
Hourly or Salary

EDUCATION

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

PREVIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Have you ever been convicted of a crime or violation other than a minor traffic infraction?

Yes _____ No _____

If yes, please explain:

(Applicant is not obliged to disclose any conviction which has been sealed, expunged, or erased by the court. Criminal convictions are not an absolute bar to employment. Such factors as job relatedness, age, and time of offense, seriousness and nature of violation, and rehabilitation will be taken into consideration).

Applicants Agreement

I authorize principals of Station 21 to check all information provided on this application and release both Station 21 and the party providing information from any liability or damages with such an investigation.

I certify that all statements given on this application are correct and realize that falsification or misrepresentation, including omission of this or any other personnel record may result in my discharge.

I agree to conform to the rules and regulations of the Company and recognize that my employment can be modified or terminated at any time by myself or the Company, with or without cause, other than for a reason which is prohibited by law. I understand that no representative of the Company other than the Company's owner has the authority to enter into any agreement with me for employment for any specified period of time or to make any agreement contrary to the foregoing.

I understand that as a condition of employment that I must undergo and successfully pass a screening for illegal use of drugs. All offers are contingent on the results of the drug test.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form.

I have read and understand and by my signature consent to these statements.

Applicants Signature

Date

Applicant Drug Testing Release

I understand that this business has a Drug Free Workplace policy requiring all prospective associates to submit a CONTROLLED SUBSTANCE RELEASE TEST. I understand that if I am a prospective associate, a urine sample will be collected and tested for controlled substances. I also understand that if my specimen is found to contain evidence of drug use without a satisfactory explanation, I am not qualified for employment. I hereby agree to submit to a DRUG SCREENING ANALYSIS,

Applicant Printed Name

Date

Applicant Signature

Manager's Signature