

APPLICATION FOR EMPLOYMENT

Please print answers all questions

Personal Information

Last Name: First Name: MI:

Home Phone: Cell Phone: Message Phone:

Present Address Information:

Mailing Address: City: State: Zip:

Street Address: City: State: Zip: How Long:

Previous Address Information:

Street Address: City: State: Zip: How Long:

If hired can you show proof of age? Yes No

Have you ever been convicted of a crime, other than traffic violations? Yes No

If yes explain:

Employment Information

I wish to apply for: A: B: C:

What rate of pay would you accept?: \$: Per Hour Per Year

I am available for the following shifts: I can start work on the following date: I am available for the following Days:

Any Swing Graveyard Day Mon Tue Wed Thur Fri Sat Sun

Have you ever worked for Peppermill/Rainbow/Montego Bay before: Yes No If yes give dates:

Do you have a valid driver's license?: Yes No State: License Number:

I was referred to Peppermii/Rainbow/Montego Bay by:

Health Information

Can you perform the essential functions of the job you are applying for, with or without reasonable accommodations? Yes No

Person to be notified in case of emergency: Telephone:

Address of contact person: Relationship:

References

Names of persons willing to provide professional and / or charter reference for applicant

Names	Relationship	Position
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

Education

Level	Name of School	Location (City & State)	Check Highest Grade Completed
High School	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
College	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16
Other Training	<input type="text"/>	<input type="text"/>	

Work Experience

Beginning with your present and / or last position, list periods of employment (including U.S. Military Service). Please identify and explain periods of unemployment.

Company	Dates of Employment	Job Description
Name: <input type="text"/>	From: Month/Yr <input type="text"/>	Job Title: <input type="text"/>
Address: <input type="text"/>	To: Month/Yr <input type="text"/>	Reason for leaving: <input type="text"/>
City: <input type="text"/>	Wages\$: <input type="text"/>	continued: <input type="text"/>
Telephone: <input type="text"/>	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Year	Supervisor's Name: <input type="text"/>
Company	Dates of Employment	Job Description
Name: <input type="text"/>	From: Month/Yr <input type="text"/>	Job Title: <input type="text"/>
Address: <input type="text"/>	To: Month/Yr <input type="text"/>	Reason for leaving: <input type="text"/>
City: <input type="text"/>	Wages\$: <input type="text"/>	continued: <input type="text"/>
Telephone: <input type="text"/>	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Year	Supervisor's Name: <input type="text"/>
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City: <input type="text"/>	Wages\$: <input type="text"/>	continued: <input type="text"/>
Telephone: <input type="text"/>	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Year	Supervisor's Name: <input type="text"/>
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City: <input type="text"/>	Wages\$: <input type="text"/>	continued: <input type="text"/>
Telephone: <input type="text"/>	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Year	Supervisor's Name: <input type="text"/>

Read the following statement carefully

I hereby certify the the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the company unless I have indicated to the contrary. I authorize the references listed above to provide the company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the company or any of its agents, employees or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the company and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the company. I understand that no employee or representative of the company other than the president of the company 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. Further, the president of the company may not alter the at-will nature of the employment relationship unless he does so specifically and in writing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the U.S.

My signature below certifies that I have read and understood the terms of this form. My typed name will serve as my signature for this electronic form.

Applicant's Signature:

Date of Application: