

EMPLOYMENT APPLICATION FOR



APPLICATION TAKEN BY:

\_\_\_\_\_

MANAGER MUST COMPLETE

DATE HIRED \_\_\_\_\_

FIRST WORK DAY \_\_\_\_\_

LOCATION \_\_\_\_\_

POSITION \_\_\_\_\_ PAY RATE \_\_\_\_\_

TO APPLICANT: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications.

(PLEASE PRINT CLEARLY)

Date Application Completed \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number # \_\_\_\_\_  
(Last First Middle)

Mailing Address \_\_\_\_\_  
(Number Street City State Zip)

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_

Were you previously employed at a Mel's Diner Restaurant? If yes, When? \_\_\_\_\_ Where? \_\_\_\_\_

Are you legally eligible for employment in the USA?  YES  NO

Proof of employment authorization and identity will be required upon employment. State your age if under 18: \_\_\_\_\_

If your application is considered favorably, when would you be able to start work? \_\_\_\_\_

What method of transportation will you use to get to work? \_\_\_\_\_

Name and location of last school attended: \_\_\_\_\_

High School Diploma? Yes  No  Year achieved: \_\_\_\_\_

List below all present and past employment, beginning with your most recent.

Name and Address of Company \_\_\_\_\_

Type of Business \_\_\_\_\_ Telephone \_\_\_\_\_

Employed	From Mo. / Yr.	To Weekly Mo. / Yr.	Starting Weekly Salary	Last Weekly Salary	Reason For Leaving	Name of Supervisor
	____ / ____	____ / ____	\$ _____	\$ _____	_____	_____

Describe the work you did: \_\_\_\_\_

Name and Address of Company \_\_\_\_\_

Type of Business \_\_\_\_\_ Telephone \_\_\_\_\_

Employed	From Mo. / Yr.	To Weekly Mo. / Yr.	Starting Weekly Salary	Last Weekly Salary	Reason For Leaving	Name of Supervisor
	____ / ____	____ / ____	\$ _____	\$ _____	_____	_____

Describe the work you did: \_\_\_\_\_

Name and Address of Company \_\_\_\_\_

Type of Business \_\_\_\_\_ Telephone \_\_\_\_\_

Employed	From Mo. / Yr.	To Weekly Mo. / Yr.	Starting Weekly Salary	Last Weekly Salary	Reason For Leaving	Name of Supervisor
	____ / ____	____ / ____	\$ _____	\$ _____	_____	_____

Describe the work you did: \_\_\_\_\_

**To Applicant: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS BELOW.**

This is an Equal Opportunity Employer. The Civil Rights Act of 1964 (as amended by the Civil Rights Act of 1968, the Equal Employment Opportunity Act of 1972, the Pregnancy Discrimination Act of 1978, and the Civil Rights Act of 1991) prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the types of discrimination as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

If applying for a management position, are you presently able to be bonded? Yes  No

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past seven (7) years which has not been annulled or expunged or sealed by the court? Yes  No  (A conviction record will not necessarily disqualify an applicant from employment. All circumstances will be taken into consideration, including date of conviction and type of offense.) If yes, please describe in full: \_\_\_\_\_

Have you been provided a copy of the Company's list of essential job functions for the job for which you are applying? Yes  No

If yes, are you able to perform the essential functions of the job for which you are applying? Yes  No

If "No" please explain and describe what can be done to accommodate your limitation: \_\_\_\_\_

If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements?

Yes  No  Not Applicable

Are you willing to work overtime as requested? Yes  No

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**APPLICANT'S STATEMENT**

The facts set forth in my application for employment are true and complete. I understand that if that if employed, any false or misleading statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me.

I understand that, if hired, my conditions may be changed in the sole discretion of my employer, without notice. I understand that, if hired, my employment may be terminated at any time without notice or cause and that no representation or agreement to the contrary is valid unless in writing and signed by the President of the employer. If employed, I agree to read and comply with instructions and procedures outlined in the Mel's Employee Manual, and I agree to read and comply with instructions and procedures outlined in the Mel's Safety Manual and in all safety posters.

I hereby agree to submit, if hired, to an lawful drug, alcohol, polygraph or integrity testing as permitted by federal and/or state and local laws, that may be required as a condition of employment or continued employment. I also understand that the refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge, contingent upon compliance with applicable federal, state and/or local laws.

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