

ASSOCIATE APPLICATION FOR EMPLOYMENT

We appreciate you taking the time to fill out this application. All questions must be answered completely and accurately. We are an Equal Opportunity Employer and comply with applicable Federal, State, and local laws which prohibit discrimination based on race, color, creed, religion, age, sex, ethnicity, citizenship status, national origin, sexual orientation, veteran status, disability or other legally protected characteristic(s). If you require assistance in completing this application, please inform the interviewer or manager.

PLEASE PRINT IN BLACK OR BLUE INK

Last Name First Name Middle Name

Address City, State Zip
() ()

Cell Phone Home Phone E-mail Address

Have you ever used another name for work or school? Yes No If yes, please state name(s), time period used and schools/employers: _____

Have you been employed by the "Company" before? Yes No
If yes, Dates: _____ Location(s): _____
Position(s): _____

Are you 18 or older? Yes No

Are there any days or time periods you are unavailable for work? Yes No If yes, please indicate the days/times: _____

How many hours are you regularly available for work each week? _____

Date you are available to begin work? _____ Position(s) you are applying for? _____

How much money do you need to make on a weekly basis? _____

Are you willing and available to work flexible hours, which could include nights, weekends, holidays or overtime? Yes No

Do you plan to engage in other work while in our employ? Yes No If yes, please list place of employment and describe the work as well as the hours: _____

Do you have reliable transportation to work? Yes No

Have you ever been fired? Yes No If yes, please explain: _____

Do you have any relatives and/or roommates that work for the "Company"? Yes No If yes, please specify: _____

Are you able to perform the essential job functions of the position for which you are applying, with or without reasonable accommodation?
 Yes No (Please notify the interviewer if you require accommodations in order to participate in the job application process.)

EDUCATION

High school attended (Name, City, State) _____
 Yes No Did you graduate?

College/Trade School attended (Name, City, State) _____
 Yes No Did you graduate?

EMPLOYMENT INFORMATION / HISTORY

Please provide your complete work history for the preceding three employers with the most recent first. List full-time and/or part-time, including military, if applicable.

Name of company _____

Dates of employment _____ Name of Supervisor _____

Phone # _____ Your Position/ Job Title _____

Reason for leaving _____

Name of company _____

Dates of employment _____ Name of Supervisor _____

Phone # _____ Your Position/ Job Title _____

Reason for leaving _____

Name of company _____

Dates of employment _____ Name of Supervisor _____

Phone # _____ Your Position/ Job Title _____

Reason for leaving _____

Are you currently employed? Yes No May we contact your current employer? Yes No If no, please explain:

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING, AND SIGN BELOW

Consolidated Restaurant Operations, Inc. (CRO) is an equal opportunity employer. CRO does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for CRO to hire me. If I am hired, I understand that either CRO or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of CRO has the authority to make any assurance to the contrary.

I attest with my signature below that I have given CRO true and complete information on this application. No requested information has been concealed. I authorize CRO to contact former employers provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for denial of employment or immediate dismissal.

Signature Printed Name Date

This application shall be considered active for thirty days. After that time, if you wish to re-apply, you may do so.