



# Application for Employment

Please fill out the application in full and bring it to the restaurant you are applying. Please print clearly.

We consider applicants for all positions without regard to race, religion, sex, national origin, age, disability, veteran status, or any other legally protected status.

Please specify which Atlas Restaurant Group location you are applying for:	
Date of Application (Month/Day/Year): / /	Position Applied For:
Desired salary:	How were you referred to us?:

## Applicant Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Why are you seeking a new job at this time? \_\_\_\_\_

Do you have reliable transportation to get to work? Please describe: \_\_\_\_\_

Are you at least 18 years old?  Yes  No

If you are under 18 years of age, can you furnish a work permit?  Yes  No

Are you legally eligible for employment in the US?  Yes  No

Have you ever been convicted of a crime?  Yes  No If yes, give dates and details: \_\_\_\_\_

(Note: The existence of a criminal record does not constitute an automatic rejection for employment.)

Are you a veteran?  Yes  No If yes, give dates of service: From / To: /

## Employment Information

Summarize your skills and qualifications:

---

---

---

Are you seeking full-time, part-time, or temporary employment?

---

What hours and shifts would you prefer to work?

---

List times you are not available to work:

---

Willing to work overtime?  Yes  No Weekends?  Yes  No Holidays?  Yes  No

---

Are you currently employed?  Yes  No If hired, when would you be able to start? / /

---

Have you ever worked for this company before?  Yes  No

---

List any friends or relatives employed by this company:

---

Have you ever been discharged or asked to resign from any position?  Yes  No

---

If yes, please describe:

---

---

## Education

Circle Highest Level Achieved:

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D. College: 1 2 3 4 5 6 7 8

---

Name of School(s):

---

Location of School(s):

---

## Work History

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: / to / Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name & Title: \_\_\_\_\_

Describe duties briefly: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: / to / Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name & Title: \_\_\_\_\_

Describe duties briefly: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: / to / Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name & Title: \_\_\_\_\_

Describe duties briefly: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact the employers listed above?  Yes  No

If not, list the employers you do not wish us to contact and why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorizations & At-Will Employment Agreement**

**Please read carefully, then sign and date below:**

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 this company 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 that any false answers, statements, or implications made by me 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 this company, if applicable, 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 investigation.

I hereby agree to submit to any drug test required of me, whether prior to my employment or, if employed by this company, at any time thereafter. If requested, I will take a post-job offer physical examination and, in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

**At-Will Employment Agreement**

I understand and agree that nothing contained in this application, or conveyed during an interview is intended to create an employment contract between the company 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 terminate at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_