



## EMPLOYMENT APPLICATION

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

If related to anyone in our company, state Name \_\_\_\_\_ Department \_\_\_\_\_

If you were referred to us, state name of person who referred you \_\_\_\_\_

How did you learn about us? ( ) Ad ( ) Friend ( ) Relative ( ) Employee of The Counter ( ) Other \_\_\_\_\_

If under 18 years old (21 for certain positions) can you provide required proof of eligibility to work? ( ) Yes ( ) No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ( ) Yes ( ) No

Position Desired \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary desired \_\_\_\_\_

**Do not answer the following question unless you have been informed about the requirements of the job for which you are applying.** Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you have applied? ( ) Yes ( ) No

Are you employed now? ( ) Yes ( ) No If yes, may we inquire of your present employer? ( ) Yes ( ) No

Ever applied to The Counter before? ( ) Yes ( ) No Where \_\_\_\_\_ When \_\_\_\_\_

Have you ever been convicted of a felony? ( ) Yes ( ) No [A conviction does not necessarily disqualify you from being hired.]

Please explain \_\_\_\_\_

Education	Location of School	* Did you graduate?	Subjects Studied
High School Name			
College Name			
Trade School Name			
Other			

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are over 39 years of age.

Subjects of special study: \_\_\_\_\_

What foreign languages do you speak fluently? \_\_\_\_\_

Activities: (Civic, Athletic, etc.) \_\_\_\_\_

(Exclude organizations, the name or character of which indicate the race, creed, sex, marital status, age, color, or national origin of its members.)

**[SEE REVERSE SIDE]**

**Former Employers**

(List below last three employers, starting with Last to First)

Date, Month and Year	Name and Address of Employer	Salary	Reason for Leaving
From:		Start:	
To:		End:	
Position:	Supervisor:		
	Phone Number:		
From:		Start:	
To:		End:	
Position:	Supervisor:		
	Phone Number:		
From:		Start:	
To:		End:	
Position:	Supervisor:		
	Phone Number:		

**References:** (Give below the name of three persons not related to you, whom have known you at least one year.)

Name:	Address	Business	Years Acquainted
Phone Number:			
Name:	Address	Business	Years Acquainted
Phone Number:			
Name:	Address	Business	Years Acquainted
Phone Number:			

In case of

emergency, notify: \_\_\_\_\_

Name

Address

Phone Number

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed in any way including by written document unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

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



## Pre-Interview Questionnaire

Circle the Days and Times you cannot work:

	Mon.	Tue	Wed	Th	Fr	Sat	Sun
AM	7-5	7-5	7-5	7-5	7-5	7-5	7-5
PM	4-1	4-1	4-1	4-1	4-1	4-1	4-1

Do you have any vacations or special events planned in the next 60 days? Yes No

List any reason(s) why you cannot be to work on time: \_\_\_\_\_

Please read our Uniform and Grooming Standards, is there any reason why you could not or would not be able to meet these standards? Yes No

If no, please explain: \_\_\_\_\_

Have you ever worked for this company before? Yes No

Do you know anyone currently or previously employed with The Counter? Yes No

If yes, whom: \_\_\_\_\_

Can you lift-tote-carry 50 pounds? Yes No

If no, please explain: \_\_\_\_\_

Being in the Restaurant/Food Service Industry, we are open all days of the year except Thanksgiving Day and Christmas Day. Are there any other Days or Holidays in which you are not available to work? Yes No

If yes, please list: \_\_\_\_\_

Have you ever been convicted of a felony? Yes No

(A conviction does not necessarily disqualify you from being hired)

If yes, please explain: \_\_\_\_\_

How many days/hours a week, are you looking for work? Please Specify: \_\_\_\_\_

We maintain a drug free work environment and will use drug testing to insure that this policy remains intact. Do you have an objection to the policy or the testing part of the policy? Yes No

Are there any other factors that you would like us to consider when we make our decision? Yes No

Please explain: \_\_\_\_\_

If your regular transportation fails, will you accept the responsibility to find alternative way to get to work? Yes No