

Cattleack Barbeque

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER

ALL EMPLOYEES AND APPLICANTS ARE ENTITLED UNDER THE LAW TO EQUAL EMPLOYMENT OPPORTUNITY. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST IN EMPLOYMENT ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR DISABILITY, OR ANY OTHER LEGALLY-PROTECTED STATUS, YOU ARE ENTITLED TO NOTIFY HUMAN RESOURCES. THE COMPANY WILL REASONABLY ACCOMMODATE DISABLED APPLICANTS DURING THE APPLICATION PROCESS. THE APPLICANT IS RESPONSIBLE FOR NOTIFYING THE COMPANY IF ANY ACCOMMODATION IS NEEDED.

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)			SOCIAL SECURITY NO	
PRESENT ADDRESS	APT NO	CITY	STATE	ZIP
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)	APT NO	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME PHONE	CELL PHONE	EMAIL	

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVER APPLIED TO CATTLEACK BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
EVER WORKED FOR CATTLEACK BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
REASON FOR LEAVING CATTLEACK		
NAME OF LAST SUPERVISOR AT CATTLEACK		
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND (NAME)		
<input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER		
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.</small>		
ARE YOU AVAILABLE TO WORK	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SHIFT WORK
ARE THERE ANY HOURS YOU CANNOT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT HOURS	
IF OVERTIME IS REQUIRED, WILL YOU BE WILLING AND ABLE TO ACCOMMODATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN		
IF TRAVEL IS REQUIRED, WILL YOU BE WILLING AND ABLE TO ACCOMMODATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				N/A
HIGH SCHOOL				N/A
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

PRESENT AND FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

FORMER EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

FORMER EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

BUSINESS REFERENCES

GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE WORKED WITH AT LEAST ONE YEAR.

	NAME	ADDRESS	PHONE
1			
2			
3			

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE	RANK
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HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

DRIVING RECORD

Proof Will Be Required Upon Employment

VALID DRIVER'S LICENSE NUMBER	STATE
NUMBER AND TYPE OF MOVING VIOLATIONS IN THE LAST FIVE YEARS	
NUMBER AND REASON FOR AUTOMOBILE ACCIDENTS IN THE LAST FIVE YEARS	
TYPE OF DRIVERS LICENSE	POSSESS CURRENT AUTOMOBILE INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

SKILLS AND LICENSES

ARE YOU NOW A LICENSED OR CERTIFIED MEMBER OF ANY PROFESSION OR TRADE?
PROVIDE DATE AND TYPE OF LICENSE OR CERTIFICATION (INCLUDING USE OF EQUIPMENT)

PLEASE CHECK ALL SKILLS, ABILITIES OR MACHINES THAT APPLY.
() COMPUTER HARDWARE
() SOFTWARE: INDICATE COMPETENCY: E=ENTRY LEVEL I = INTERMEDIATE A = ADVANCED () WORD () EXCEL () POWERPOINT () OTHER _____ _____
() CALCULATOR/TEN-KEY BY TOUCH
() TYPING _____ WPM
() OTHER MACHINES
() OTHER
() SWITCHBOARD
() SPECIAL TRADES OR SKILLS
() OTHER RELEVANT SKILLS

ACKNOWLEDGMENT Please respond to each statement to indicate that you have read and understood.

I HEREBY ACKNOWLEDGE THAT		
<input type="checkbox"/> YES <input type="checkbox"/> NO	I UNDERSTAND THAT ALL POSITIONS REQUIRE A 90-DAY INTRODUCTORY PERIOD.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	I UNDERSTAND THAT IF AND WHEN EMPLOYMENT IS OFFERED TO ME, I WILL BE ASKED TO PRESENT PROOF OF IDENTITY AND OF ELIGIBILITY TO WORK IN THE UNITED STATES.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	I UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN THE COMPANY AND MYSELF FOR EITHER EMPLOYMENT OR FOR THE PROVIDING OF ANY BENEFIT. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME, AND I UNDERSTAND THAT NO SUCH PROMISE OR GUARANTEE IS BINDING UPON THE COMPANY. IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED, I UNDERSTAND THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME AND THAT THE COMPANY RETAINS A SIMILAR RIGHT. I UNDERSTAND THAT THE COMPANY IS AN AT-WILL EMPLOYER.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	IF EMPLOYED, I WILL ABIDE BY THE COMPANY POLICIES AND PROCEDURES, INCLUDING THE DRUG-FREE WORKPLACE POLICY AND ALL SUBSTANCE-ABUSE TESTINGS REQUESTED OF ME BY THE COMPANY.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	THE COMPANY HAS MY PERMISSION TO CONTACT ANY OF THE FORMER EMPLOYERS OR REFERENCES SHOWN ON MY APPLICATION FOR THE PURPOSE OF OBTAINING ALL RECORDS OF EMPLOYMENT, INCLUDING ASSESSMENTS OF MY JOB PERFORMANCE, ABILITY, AND SALARY. I WILL NOT HOLD THE COMPANY, OR ANY OF SUCH AFOREMENTIONED PERSONS, LIABLE IN ANY MANNER WHATSOEVER FOR ANY INFORMATION SUCH PERSONS MAY GIVE.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	IF MY JOB REQUIRES THE OPERATION OF A COMPANY VEHICLE, I MUST MAINTAIN A VALID DRIVER'S LICENSE AND A DRIVING RECORD WHICH IS SATISFACTORY TO THE COMPANY'S INSURANCE CARRIER, AND PROMPTLY NOTIFY THE COMPANY OF ANY CHANGES IN MY DRIVING STATUS OR RECORD.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	I HAVE ANSWERED THE ABOVE QUESTIONS TRUTHFULLY AND COMPLETELY. I UNDERSTAND THAT FALSIFICATION OR OMISSION OF ANY MATERIAL INFORMATION IS GROUNDS FOR REFUSAL TO HIRE. I FURTHER UNDERSTAND THAT, IF DISCOVERED AFTER HIRE, ANY FALSIFICATION OR OMISSION OF INFORMATION MAY BE GROUNDS FOR MY DISMISSAL, WITHOUT REGARD TO LENGTH OF TIME ELAPSED PRIOR TO DISCOVERY OF SUCH FALSIFICATION OR OMISSION OF INFORMATION.	

DATE

APPLICANT'S SIGNATURE

DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE

HIRED (DATE) FOR DEPT.		
SALARY WAGES		
APPROVED 1	EMPLOYMENT MANAGER	FOR POSITION
APPROVED 2	DEPARTMENT MANAGER	WILL REPORT TO
APPROVED 3	GENERAL MANAGER	DATE