

THE DRIVE IN
APPLICATION FOR AT-WILL EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. We will give this application every consideration. However, in accepting it, *The Drive In* makes no commitment of employment to this applicant. This application will remain active for 180 days.

WE ARE AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

Position Applied For: _____ Date: _____

Name: _____
LAST FIRST MIDDLE INITIAL

Address: _____
STREET APT NO. CITY STATE ZIP CODE

Telephone No.: _____ Social Security No.: _____

WORK EXPERIENCE

Have you ever worked in a restaurant before? YES NO

If YES, list location, dates of employment and reason for leaving. _____

Total Hours available per week: _____ Date Available: _____

Hours available:

	MON	TUES	WED	THURS	FRI	SAT
From:						
To:						

Are you legally able to be employed in the United States? YES NO

Do you have transportation to work? YES NO

How far do you live from *The Drive In*? _____

EDUCATION

Type of School	Name & Address of School	Major	Circle Last Year Completed	Did You Graduate?
High School			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
College			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO

THE DRIVE IN IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

Are you currently enrolled in school or college?

YES NO

List Sports or Other Activities: _____

EMPLOYMENT RECORD

List two most recent jobs:

(If not applicable, list US Military, work performed on a voluntary basis or other personal references)

Dates Employed	Name of Company & Nature of Business	Address and Telephone No.	Job Title/Supervisor	Salary	Reason for Leaving
From: To:					
From: To:					

Are you employed at present?

YES NO

May inquiries be made of your present or most recent employer?

YES NO

The Department of Health and Environmental Control has determined that certain diseases, including Hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia, and compylobacter may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling and serving food, food service equipment and utensils in a sanitary and healthy fashion. Is there any reason why you cannot perform the essential functions of this job?

YES NO

During the past seven (7) years have you ever been convicted of a crime, excluding misdemeanors and traffic violations?

YES NO

IF YES please explain in detail: _____

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY OMISSION OR ERRONEOUS INFORMATION IS GROUNDS FOR IMMEDIATE TERMINATION IN ACCORDANCE WITH THE POLICY OF THE DRIVE IN. I AUTHORIZE THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO THE DRIVE-IN. I ALSO UNDERSTAND THAT, IF THE DRIVE IN HIRES ME, THE DRIVE IN OR I CAN TERMINATE MY EMPLOYMENT WITH OR WITHOUT CAUSE AT ANY TIME FOR ANY OR NO REASON.

Signature

Date