



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

DATE: _____

GENERAL INFORMATION

NAME:

SSN:

ADDRESS:

PHONE:())

DATE OF BIRTH:

HAVE YOU EVER BEEN CONVICTED OF A CRIME/FELONY? YES NO IF YES, PLEASE EXPLAIN:

WAS THE OFFENSE DRUG OR ALCOHOL RELATED? YES NO IF YES, PLEASE EXPLAIN:

IF HIRED, CAN YOU SUBMIT DOCUMENTS TO PROVE YOUR LEGAL RIGHT TO WORK IN THE U.S.? YES NO

WE DO NOT PERMIT SMOKING WHILE ON DUTY. ARE YOU WILLING TO COMPLY? YES NO

RUCKERJOHNS DOES NOT TOLERATE DRUG USE BY EMPLOYEES BEFORE OR DURING WORK OR ON RUCKERJOHNS PREMISES. ARE YOU WILLING TO COMPLY? YES NO

EMPLOYMENT INFORMATION

POSITION APPLYING FOR: SERVER HOST/HOSTESS KITCHEN SALARY DESIRED:

DATE AVAILABLE: FULL TIME PART TIME DAYS: NIGHTS: WKENDS:

ARE YOU OF LEGAL AGE TO SERVE ALCOHOLIC BEVERAGES (18 YEARS OR OLDER) YES NO

UP TO 50 LBS. OR LIFTING SEVERAL TIMES A DAY IS AN ESSENTIAL FUNCTION OF KITCHEN POSITIONS. ARE YOU WILLING AND ABLE TO COMPLY? YES NO

BEING ON YOUR FEET 6-9 HOURS AT A TIME IS A REQUIREMENT IN DINING ROOM POSITIONS. ARE YOU WILLING AND ABLE TO COMPLY? YES NO

RUCKERJOHNS MAY TRAIN/HAVE MEETINGS ON DAYS YOU HAVE OTHER OBLIGATIONS. ARE YOU WILLING TO RESCHEDULE YOUR PLANS TO COME TO TRAINING/MEETINGS? YES NO

IF OFFERED A POSITION WITH RUCKERJOHNS, HOW LONG WOULD YOU PLAN TO REMAIN WITH US?

WE HAVE SPECIFIC REQUIREMENTS FOR PERSONAL APPEARANCE FOR BOTH THE DINING ROOM AND KITCHEN: CLEAN, PROPER WORK APPAREL AND GOOD GENERAL HYGIENE. ARE YOU WILLING TO COMPLY? YES NO

ARE YOU PRESENTLY EMPLOYED: YES NO IF YES, PLACE OF EMPLOYMENT:

MAY WE CONTACT YOUR PRESENT EMPLOYER: YES NO

LIST YOUR PREVIOUS EMPLOYERS (START WITH MOST RECENT)

COMPANY:	IMMEDIATE SUPERVISOR:	PHONE #:
POSITION HELD:	DATE STARTED:	DATE LEFT:
REASON FOR LEAVING:		

COMPANY:	IMMEDIATE SUPERVISOR:	PHONE #:
POSITION HELD:	DATE STARTED:	DATE LEFT:
REASON FOR LEAVING:		

COMPANY:	IMMEDIATE SUPERVISOR:	PHONE #:
POSITION HELD:	DATE STARTED:	DATE LEFT:
REASON FOR LEAVING:		

ANY OTHER RELATED EXPERIENCE:

EDUCATION INFORMATION

HIGH SCHOOL:

STARTING DATE:	ENDING DATE:	GRADUATED: YES <input type="checkbox"/> NO <input type="checkbox"/>
YEARS ATTENDED:		

COLLEGE OR UNIVERSITY:

STARTING DATE:	ENDING DATE:	GRADUATED: YES <input type="checkbox"/> NO <input type="checkbox"/>
YEARS ATTENDED:	AREA OF STUDY:	

I AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE. ANY MISREPRESENTATION, FALSE STATEMENT, OR OMISSION OF FACTS CALLED FOR SHALL BE GROUNDS FOR REFUSAL OF EMPLOYMENT OR IF HIRED, DISMISSAL FROM EMPLOYMENT.

Signature: _____ Date: _____