

APPLICATION FOR EMPLOYMENT

Office use only:

Location:



100 south harbor blvd. #A
fullerton, california 92832
www.kentrogreekkitchen.com

Position(s) applied for _____ Date _____ / _____ / _____

How did you find out about this job? (“X” one) Newspaper
Employee Walk-in
Relative Other

Why are you seeking a new job at this time? _____

APPLICANT INFORMATION

First Name _____ Middle _____ Last _____

Street Address _____ Social Security No. _____

City/State/Zip _____ Phone _____

E-mail Address _____

Have you visited one of KHG owned restaurants as a guest? _____

If hired, do you have a reliable means of transportation to get to work? _____ Describe _____

Are you at least 18 years old? _____ If you are under 18 years of age, can you furnish a work permit? _____

Are you legally eligible for employment in the U.S.? (Proof of U.S. citizenship or immigration status is required if hired.) _____

Have you been convicted of a crime? _____ (Massachusetts applicants should not include misdemeanor convictions; California applicants should not include marijuana-related convictions that occurred more than 2 years prior to the application date.) If yes, state the nature of the offense and disposition of the case. Include dates and places.

(NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

Are you a veteran? _____ If yes, give dates of service: From _____ To _____

List any special skills or training: _____

EMPLOYMENT INFORMATION

Are you seeking full time, part time or temporary employment?
What hours and shift(s) would you prefer to work?
List times you are not available to work?
Are you willing to work overtime? Weekends? Holidays?
Are you currently employed? If hired, when would you be able to start?
Have you ever worked for this organization before? If yes, name used:
List any friends or relatives employed by this company
Have you ever been discharged or asked to resign from any position?
Have you ever been involved in the opening of a new restaurant or concept? If yes, please describe

EDUCATION (circle or bold 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 Secondary School:	Name of College:
Location of Secondary School:	Location of College:
Did you participate in any organized sports:	Major:
If in high school, are you enrolled in a recognized co-op program?	Minor:
If yes, identify program and school:	Degree:
Our customers speak a variety of languages. Please indicate all languages you speak and indicate fluency:	
Language	Expert, Intermediate, or Beginner

WORK HISTORY (please begin with most recent)

Address	City/State/Zip	
Employment Dates: From		
To	Job Title: Beginning	Ending
Supervisor's Name & Title	P.O.S. System	
Describe duties briefly		
Specific reason for leaving		

Company	Phone No. with Area Code	
Address	City/State/Zip	
Employment Dates: From		
To	Job Title: Beginning	Ending
Supervisor's Name & Title	P.O.S. System	
Describe duties briefly		
Specific reason for leaving		

Company	Phone No. with Area Code	
Address	City/State/Zip	
Employment Dates: From		
To	Job Title: Beginning	Ending
Supervisor's Name & Title	P.O.S. System	
Describe duties briefly		
Specific reason for leaving		

Company	Phone No. with Area Code	
Address	City/State/Zip	
Employment Dates: From		
To	Job Title: Beginning	Ending
Supervisor's Name & Title	P.O.S. System	
Describe duties briefly		
Specific reason for leaving		

For references purposes: Have you worked for any of these organizations or attended school under a different name?

If yes, give name and organization(s)

May we contact the employers listed above?

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

Authorizations & At-Will Employment Agreement

APPLICANTS STATEMENT

(Initial each numbered item as read)

____ 1. I certify that all the information I have given on this application is true and complete and that I have not knowingly withheld any information that might adversely affect my chances for employment. I understand that failure to provide complete information or any misrepresentation in the information I provide, whether on this form or otherwise, may lead to refusal to hire me or to termination of employment.

____ 2. I authorize inquiry into my suitability for the position for which I am being considered and I hereby give my consent to present and past employers to release the information necessary to verify my work history and hereby release my present and past employers from all liability for any damages whatsoever arising from the release of any and all information regarding my employment.

____ 3. I understand that there is no offer of an employment contract or guarantee of minimum length of employment and that in the event that I am hired by the company, my employment with the company is **at-will**, and my employment and compensation can be terminated, with or without notice, with or without cause, at any time, at the option of either the company or myself. I understand that no employee or other representative of the company is authorized to make any other representation to employees regarding the term of my employment, and I confirm that no other representation has been made to me.

____ 4. I understand that any offer of employment is subject to verification of employment eligibility as required by the Immigration Reform & Control Act of 1986.

____ 5. I authorize the Company to obtain consumer reports from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand that such reports may include information concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that if I am denied employment based upon information contained in any credit report, I will be provided with the name, address, and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it.

____ 6. I understand that the Company is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre- employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Company has reasonable suspicion to believe that I am under the influence of a drug or alcohol or under certain circumstances to random drug testing if I am employed in a safety-sensitive position. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.

____ 7. I understand and agree that to the fullest extent permitted by law, in the event of any issue or dispute arising under or involving any provision of the employee's terms of employment with the Company or the termination of employment, the issue shall be submitted to final and binding arbitration, which is explained in more detail in the Company's Employee Handbook.

____ 8. I have placed my signature in the space provided below only after I have completed the entire form to the best of my ability and have carefully read the foregoing seven (7) statements.

SIGNATURE OF APPLICANT:

DATE: