

## employment application

DATE HIRED POSITION HIRED FOR

EMPLOYEE NUMBER



LAST NAME	FIRST NAM	E					_MI		
STREET	CITY			_STAT	E		_ZIP		
HOME PHONE	CELL PHON	IE							
		HOURS	AVA	<b>NILAB</b>	LE -				
POSITION DESIRED			М	т	W	тн	F	SA	su
Are you over 18 years of age? □YES □NO		from							
Proof of identity and legal authority to work in the U.S. is a condition of employment.		to							
ARE YOU LEGALLY ABLE TO WORK IN THE U.S.?	YES DNO	HOW MA	NY HC	URS F	PER WE	EK?			
EDUCATION									
COLLEGE	MAJOR			DEGRE	EE				
HIGH SCHOOL				DIPLO	MA				
OTHER									
EMPLOYMENT									
COMPANY	FROM			_TO					
ADDRESS				PHONI	Ε				
JOB DUTIES									
COMPANY	FROM			_то					
ADDRESS				PHONI	Ε				
JOB DUTIES									
COMPANY	FROM			_то					
ADDRESS				PHONI	F				



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NAME	RELATIONSHIP/TITLE	PHONE
NAME	RELATIONSHIP/TITLE	PHONE
NAME	RELATIONSHIP/TITLE	PHONE
	sed for Stefanos or any of our other brands:	
Aubrey's, Barley's Knoxvi	lle / Maryville, Bistro by the Tracks / Drink or S	Sunspot? 🗆 YES 🗆 NO
LOCATION		DATE
·	NDER, NATIONAL ORIGIN, AGE, DISABII ER LEGALLY PROTECTED STATUS.	III I, MARITAL OR VETERAR
I affirm that all information of facts called for shall be o	in this application is true and complete. Any mism grounds for refusal of employment or if hired, dism nny rules, policies, standards, and/or procedures s	missal from employment. I understand
I affirm that all information of facts called for shall be o that any violation of compa to conform to the rules, pol	grounds for refusal of employment or if hired, disp any rules, policies, standards, and/or procedures s licies, standards, and regulations of Burleson Bra	missal from employment. I understand shall be grounds for dismissal. I agree nds. I understand that my employment
I affirm that all information of facts called for shall be of that any violation of compa to conform to the rules, pol and compensation can be t	grounds for refusal of employment or if hired, dis any rules, policies, standards, and/or procedures s	missal from employment. I understand shall be grounds for dismissal. I agree nds. I understand that my employment nout notice, at any time at the option of

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statement, or implication made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

SIGNATURE	DATE
NAME (PLEASE PRINT)	