

# Application For Employment

Maynard's Restaurant is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

**Personal Information**

Date Social Security #

Name Last First Middle

Present Address Street City State Zip

Permanent Address Street City State Zip

Phone Number Second Number Email

Referred by Are you 18 years of age or older?  Yes  No

Can you work:	Memorial Weekend	<input type="checkbox"/> Yes	<input type="checkbox"/> No	July 4th Week	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Labor Day Weekend	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Thanksgiving Day	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Christmas Day	<input type="checkbox"/> Yes	<input type="checkbox"/> No	New Year's Eve	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	New Year's Day	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Easter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Mother's Day	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

**Employment Desired** Date You Salary  
 Position Can Start Desired

Are you employed now?  Yes  No If So, May We Inquire  
Of Your Present Employer?  Yes  No

Ever Applied to this Company Before?  Yes  No If So, When?

What Hours Are You Looking For?  Full Time  Part Time  Days  Nights

Are You Looking For Seasonal Work?  Yes  No If So, Until When?

Date you go back to school (if applicable) Do You Have Transportation?  Yes  No

What Days Can You Work? (circle) Mon Tues Wed Thurs Fri Sat Sun

**Education** Name and Location of School Did you Graduate? Subjects Studied

Grammar School			
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College, Trade Business or Correspondences		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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**Former Employers** List below your last four employers, starting with the last one first

Date Month & Year	Name, Address and Phone # of Employer	Salary (upon leaving)	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

**References** List below three persons not related to you, whom you have known at least one year

Name	Address	Position	Phone Number	Years Aquatinted
1				
2				
3				

If you are to be hired by our company, you will be required to attest to your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

**Authorization**

I certify that the facts contained in this application (and accompanying resume, if any), are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the company.

I understand that any employment is conditioned on a background check. I authorize Maynard's Restaurant to investigate all statements contained in my application or resume. I also authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term and may be terminated at any time with or without cause and without prior noticed, at the option of either myself or the Company. No promises regarding employment have been made to me and I understand that no such promises or guarantees are binding upon the Company unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests and I request that the examining doctor disclose to the Company the results of the examination which results shall remain confidential and segregated from my personal file. I understand that my employment or continued employment to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test. If I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate Company to hire. If hired, I agree to abide by all Company rules, policies and procedures. The Company retains the right to revise it's policies or procedures, in whole or in part at any time.

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**Date****Signature**

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