



Employment Application

In compliance with Federal and State equal employment opportunity laws, it is this company's intention to consider all applicants without regard to race, color, religion, sex, national origin, age, marital status, disability, the presence of non-job related medical conditions or any other protected classification.

(PLEASE PRINT CLEARLY) Social Security # _____
Application for position as _____ Today's Date _____

Name _____ Phone # () _____ - _____
First Middle Last

Address _____ City _____ State _____ Zip _____

If you are under the age of 22, and applying for a position that requires you to serve alcohol, please state your date of birth _____ Are you authorized to work in the United States? Yes No

Date able to start _____ Pay Expected _____

Are you available for full time work? Yes No How many hours do you expect to work a week? _____
Minimum Maximum

If not, what hours can you work? _____

Indicate the shifts you are available to work by marking "X" in the boxes below

	M	T	W	T	F	S	Su
Lunch							
Dinner							

High school attended _____ Did you graduate? Yes No

College attended _____ Number of years completed _____

Major/Minor _____ Did you graduate? Yes No

Please list any special abilities or knowledge, which you have that are related to the job for which you are applying. (Please do not list those items which are related to race, sex, religion, color, national origin, age, marital status, disability or non-job related medical conditions) _____

In addition to the work experience described in this application, what other experiences, skills or abilities do you have that should be considered in evaluating your qualifications for this job? (For example, are you fluent in other languages?) _____

Employment Experience (start with the most recent)

1. Name of company _____ Dates of employment _____

Name of Supervisor _____ Phone # _____

Job Title _____ Reason for leaving _____

2. Name of company _____ Dates of employment _____

Name of Supervisor _____ Phone # _____

Job Title _____ Reason for leaving _____

3. Name of company _____ Dates of employment _____

Name of Supervisor _____ Phone # _____

Job Title _____ Reason for leaving _____

Referral Source: Advertisement Employee Relative Employment Agency
 Walk-in Other _____

Do you have a relative working for Glory Days Grill or any Glory Days Grill concept? If so, where and what is his/her position? _____

References

1. Name _____ Phone # (____) _____ Years known _____
 2. Name _____ Phone # (____) _____ Years known _____
 3. Name _____ Phone # (____) _____ Years known _____

General Information

In case of emergency, please notify:

Name _____ Address _____ Phone _____

Will you abide by the safety rules of this company? Yes No

Have you ever been convicted, entered a plea of no contest, had adjudication withheld, or prosecution deferred for any crime except for minor traffic violations? (Convictions will not necessarily exclude you from employment, but date and type of conviction may be considered for job placement.) Yes No
 If "Yes", explain in full indicating date, charge, place, under what name, and action taken. Use additional paper if necessary.

If Yes	Date	Nature of Conviction	Where	Disposition of Offense

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

I declare that I am qualified to perform all the duties of the position I am seeking. I also declare that the information I have provided on this application is correct and that any false statements or omissions will justify my rejection or dismissal. I authorize the company to contact any of my previous employers as well as any reference source to verify the facts and information I have furnished regarding information provided on this application, on my resume, or during my interview. I authorize any person(s) having knowledge to provide such information to the company, and release from liability and agree to hold harmless any person that furnishes such information in good faith, as allowed by applicable state and federal laws. I will agree to a drug test, if permitted by law, to be paid for by the company. Should I become involved in a claim for worker's compensation or any other litigation after employment by the company, I will allow the company to supply my employment records (as allowed by applicable state and federal laws) to an opposing party. If employed by the company, I understand that I will be an employee at will and that my employment with Glory Days Grill or any of its subsidiaries or affiliates (collectively, "Glory Days Grill"), may be terminated at anytime by myself or Glory Days Grill for any reason whatsoever. Should Glory Days Grill employ me, I also authorize Glory Days Grill to conduct any additional background checks should they become necessary at any point during my employment. I also understand that the terms of my employment shall be based on all provisions described in the Glory Days Grill Employee Handbook, which may be periodically amended. I further understand that if employed by Glory Days Grill no representative of Glory Days Grill, other than the President, has any authority to modify or change my status as an employee at will and that any such modification must be in writing signed by the President. Finally, I understand that this is only an application for employment and neither an offer of nor a contract of employment and no part of this application shall be construed as an offer of employment or an employment contact.

Date _____ Signature of Applicant _____