



EMPLOYMENT APPLICATION

Date _____

Notice to Applicants: This employer complies with the American with Disabilities Act of 1990. We will not use the information on this application to discriminate against any individual with respect to their compensation, terms, conditions, or privileges of employment because of race, color, religion, sex, age, national origin, marital status, sexual orientation, or disabilities.

GENERAL INFORMATION				
Position Desired: _____		Social Security Number _____		
Last Name _____		First Name _____	Middle Name _____	
Address _____				
		City	State	Zip Code
		County		
Home Phone () _____		Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you since the age of 18, ever been convicted of a misdemeanor or felony? (Note: A conviction will not necessarily bar you from employment.) Yes <input type="checkbox"/> No <input type="checkbox"/>				

EMPLOYMENT HISTORY						
List the last three positions you have held, beginning with most recent. All information must be completed, even if you are submitting a resume.						
Date	Month/Year	Name and Address of Employer	Position	Supervisor & Title	Phone #	Rate of Pay
From:						Beginning Pay
To						Ending Pay
Reason for Leaving: _____						
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, explain _____						
From						Beginning Pay
To						Ending Pay
Reason for Leaving: _____						
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, explain _____						
From						Beginning Pay
To						Ending Pay
Reason for Leaving: _____						
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, explain _____						

Schedule Availability: Enter the hours when you are available to work, place an "X" if you are unavailable*							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							X

*note: am shifts start as early as 5:30, evenings end, on average, at 10:30pm (we close at 9pm.) We are closed Sunday evenings

Professional References List names and telephone number of three business/work references.		
Name	Relationship	Phone Number
1.		
2		
3		

EDUCATION			
	Name & Location	Course of Study	Degree Earned
High School			
College			
Technical School			
Other			

CERTIFICATION AND AGREEMENT

I certify that the answers given herein are true and complete. I authorize investigation of statements contained herein as may be necessary. I understand that false statements, omissions, or misleading statements on this application shall be considered cause for dismissal. If my employment is terminated because of such omissions or misleading statements, I agree that my employers shall not be held liable in any respect.

Signature _____ Date _____

Trip's Diner, LLC
AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with my application for employment, including contract for services, with Trip's Diner, LLC. (the "Company"), I authorize the Company and their representative agents to solicit information about my background including about my employment, education, driving record, and criminal record.

I release the Company, their representative employees, agents, and all persons, agencies and entities providing information or reports about me from any and all liabilities arising out of the release of any such informational reports.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interview by: _____ Date _____
 References Checked by: _____ Date _____
 Recommended for hire? Yes No Department _____

PLEASE NOTE
*****Upon hire, employees must complete the Enrollment Agreement Form to become an employee of Trip's Diner, LLC. This form will not be accepted for payroll purposes.*****