

AUSTIN'S AMERICAN GRILL

An Equal Opportunity Employer

Date _____

APPLICATION FOR EMPLOYMENT

Applications are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, sexual orientation, or the presence of a non-job related medical condition.

EMPLOYMENT DESIRED:

Position(s) _____ Requested Salary _____

Date you can start _____

REFERRAL: Advertisement Employee Relative Walk-in Other

PERSONAL INFORMATION:

Name _____
LAST FIRST MIDDLE

Present Address _____
STREET CITY STATE ZIP

Permanent Address _____
STREET CITY STATE ZIP

Phone Number _____ If applying to serve, are you over 18 years old? Yes No
Are you authorized to work and remain in the United States? Yes No

Are you currently employed? Yes No May we contact your current employer? Yes No

Have you filed an application here before? Yes No If so, please give date _____

Have you ever been employed by Front Range Restaurants before? Yes No
If yes, please give dates _____ Supervisor's name _____

Will you require any special accommodations to perform the duties required by this position? Yes No
If yes, please list _____

List any friends and/or relatives currently working here or at any Front Range Restaurant: _____

AVAILABLE SHIFTS YOU CAN WORK (PLACE AN "X" WHEN YOU CAN WORK)

MON TUE WED THU FRI SAT SUN

LUNCH (11AM-4PM) _____

DINNER (4PM -1AM) _____

REFERENCES: Please list three references including phone numbers for each.

In case of emergency, notify: Name _____ Relationship _____
Address _____ Phone number _____

EMPLOYMENT EXPERIENCE:

EMPLOYER _____
NAME, ADDRESS, & TELEPHONE NUMBER

JOB TITLE, SUPERVISOR'S NAME, DATES OF EMPLOYMENT, SALARY, & REASON FOR LEAVING

EMPLOYER _____
NAME, ADDRESS, & TELEPHONE NUMBER

JOB TITLE, SUPERVISOR'S NAME, DATES OF EMPLOYMENT, SALARY, & REASON FOR LEAVING

EMPLOYER _____
NAME, ADDRESS, & TELEPHONE NUMBER

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AGREEMENT:

I certify that the facts contained in the application are true and complete and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I also understand that I am required to abide by all rules and regulations of the company should I become employed. All employees are on probation for the first 90 days.

PRINTED NAME SIGNATURE DATE