

APPLICATION FOR EMPLOYMENT



This restaurant is independently owned and operated.

Date: _____

Position Applied for: _____ Date Available: _____

Location Applying at: _____ Referred by: _____

Instructions to Applicant: Please understand: Every Item on this form must be answered to the best of your ability. Please print or have printed - use pen or typewriter. Your qualifications will be reviewed and you will be given consideration for any suitable vacancies. If you are employed, this will become part of your permanent personnel record. This is an ***independently owned and operated*** location. No question is asked for the purpose of excluding any applicant due to protected class status, or any other class of individuals protected by law. If you require assistance in order to complete this application, please let us know.

PERSONAL

Last Name	First Name	Middle Name			
Address: Street	City	State	Zip	Telephone (include area code)	
Are You 18 or Older? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, Age: _____	Are you legally authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			

EDUCATION

High School (Name and Address) _____					
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, last grade completed _____	Grade Average _____			
College (Name and Address) _____					
Other (Name and Address) _____					
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, number of hours completed _____	Grade Average _____			
Degree _____	Major _____	Minor _____	Date you expect to graduate _____		

GENERAL EMPLOYMENT INFORMATION

Were you previously employed with this independently owned Company? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when? _____ to _____				
What location? _____	Last job held? _____				
Are you willing to relocate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where _____				
Do you have a reliable method of transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Type of employment sought: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Other (specify) _____					
Date Available: _____	Salary Acceptable _____ per hour _____ per week	Total Hours Available per week _____			
Most restaurant employees are required to work a schedule which includes some mornings, some evenings and some weekends. Are you willing to accept such a schedule? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, are you willing to work: _____				
Days: Yes <input type="checkbox"/> No <input type="checkbox"/>	Evenings: Yes <input type="checkbox"/> No <input type="checkbox"/>	Weekends: Yes <input type="checkbox"/> No <input type="checkbox"/>	Holidays: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Indicate hours you are available to work on the following days or check anytime, if applicable.					
Mon. _____ to _____ <input type="checkbox"/> Anytime	Tues. _____ to _____ <input type="checkbox"/> Anytime	Wed. _____ to _____ <input type="checkbox"/> Anytime	Thur. _____ to _____ <input type="checkbox"/> Anytime		
Fri. _____ to _____ <input type="checkbox"/> Anytime	Sat. _____ to _____ <input type="checkbox"/> Anytime	Sun. _____ to _____ <input type="checkbox"/> Anytime			
List any relatives presently employed with this company: _____					
In case of emergency, notify: _____	Phone _____	Relationship _____			

EXPERIENCE

List below all present and past employment, beginning with your most recent employer.

1. Employer _____ Starting Salary _____ per Hour Week Year
Dates Employed _____ to _____ Last Salary _____ per Hour Week Year
Address _____ Supervisor _____
Job Title _____ Street _____ City _____
Reason for leaving _____
For Job Reference, call _____ Telephone # (_____) _____
May we contact this employer? Yes, immediately Yes, at a later date No

2. Employer _____ Starting Salary _____ per Hour Week Year
Dates Employed _____ to _____ Last Salary _____ per Hour Week Year
Address _____ Supervisor _____
Job Title _____ Street _____ City _____
Reason for leaving _____
For Job Reference, call _____ Telephone # (_____) _____
May we contact this employer? Yes, immediately Yes, at a later date No

If you need more space to list additional work history, please write on the back of this page.

ACTIVITIES

List any additional activities or community service programs in which you participate that may be relevant to your candidacy

I understand that this application for employment is for a job with an independently owned and operated franchise of the Dairy Queen® system. I also understand that misstatements or omissions of information in connection with my application for employment can lead to rejection of my application or dismissal from employment, whenever discovered. I authorize this company to request and receive references from my former employers, and I hereby release those employers supplying any information from liability.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between this company and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding unless expressly made in a formal written contract of employment signed by me and an authorized representative of this company.

I hereby attest that all statements made by me above are true to the best of my knowledge.

Date _____ Applicant's Signature _____