

TUCKER'S EMPLOYMENT APPLICATION 10/99

Tuckers is an Equal Opportunity Employer

SOCIAL SECURITY NO. _____

NAME _____ STREET ADDRESS _____

APT.NO. _____ FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____
OR BOX _____ CITY _____ STATE _____ ZIP _____ AREA CODE _____ PHONE NO. _____

ARE YOU 18 OR OLDER? YES NO, IF NOT, AGE _____ AND BIRTHDATE _____ LIST NAMES OF PEOPLE YOU KNOW WHO CURRENTLY WORK AT TUCKERS _____

GENERAL QUESTIONS:

ABOUT HOW MANY HOURS PER WEEK DO YOU WANT TO WORK? _____

DO YOU PLAN TO HAVE A SECOND JOB? _____ IF YES, PLEASE EXPLAIN _____

	MON	TUES	WED	THURS	FRI	SAT	SUN
HOURS AVAILABLE FROM							
TO							

HOW DID YOU HEAR OF JOB? _____ HOW FAR DO YOU LIVE FROM RESTAURANT? _____ DO YOU HAVE TRANSPORTATION TO WORK? _____

HAVE YOU EVER WORKED AT EITHER TUCKERS RESTAURANT IN THE PAST? _____ IF YES, WHEN? FROM: _____ TO: _____

SCHOOL MOST RECENTLY ATTENDED:

SCHOOL NAME _____ CITY _____ STATE _____ PHONE _____

TEACHER OR COUNSELOR _____ LAST GRADE COMPLETED _____ GRADE POINT AVERAGE _____

GRADUATED? YES NO NOW ENROLLED? YES NO ACTIVITIES/SPORTS _____

TWO MOST RECENT JOBS (IF NOT APPLICABLE, LIST U.S. MILITARY, WORK PERFORMED ON A VOLUNTARY BASIS, OR PERSONAL REFERENCES)

COMPANY _____ ADDRESS _____ CITY _____ STATE _____

PHONE _____ JOB _____ SUPERVISOR _____

DATES WORKED: FROM _____ TO _____ SALARY _____ REASON FOR LEAVING _____ **MGMT REFERENCE CHECK BY** _____

COMPANY _____ ADDRESS _____ CITY _____ STATE _____

PHONE _____ JOB _____ SUPERVISOR _____

DATES WORKED: FROM _____ TO _____ SALARY _____ REASON FOR LEAVING _____ **MGMT REFERENCE CHECK BY** _____

DURING THE PAST 7 YEARS, HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO A CRIME, EXCLUDING TRAFFIC VIOLATIONS? _____ IF SO, DESCRIBE IN FULL _____

A conviction will not necessarily bar you from employment

The Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia, and compylobacter may prevent you from serving food or handling food equipment in a healthy and sanitary fashion. An essential function of this job involves handling food and food utensils and equipment in a sanitary and healthy fashion. Is there any reason why you cannot perform the essential functions of this job? _____ IF YES, EXPLAIN IN FULL _____

I certify that the information on this application is true, correct and complete and understand that any omission or erroneous information is grounds for dismissal in accordance with Tuckers policy. I authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information to Tuckers. I acknowledge that Tuckers reserves the right to amend or modify any of its employment policies at any time without prior notice. These policies do not create any promises or contractual obligations between Tuckers and its employees. At Tuckers, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and Tuckers retains the same rights.

SIGNATURE _____ DATE _____