

# JOIN OUR TEAM



**An Equal Opportunity Employer**



**EMPLOYMENT APPLICATION**

# Employment Application Form

Private & Confidential



## Position Applied For

Team Member

Supervisor

Manager

## Personal Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

ZIP Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Are you 18 or Older Yes  No

Are you a Citizen of the U.S.A Yes  No

## Emergency Information (Person to Contact)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Your Availability

Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Anytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6am -12pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12pm- 6pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6pm-12am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many hours would you wish to work each week? \_\_\_\_\_ When can you start? \_\_\_\_/\_\_\_\_/\_\_\_\_

## Present & Previous Employment

**1**

Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Position Held \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Hourly Rate \_\_\_\_\_

**2**

Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Position Held \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Hourly Rate \_\_\_\_\_

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## Education

**High School** \_\_\_\_\_ City/State \_\_\_\_\_  
Subjects Studied \_\_\_\_\_ Graduated **Yes**  \_\_\_\_\_ **No**   
Year

**College** \_\_\_\_\_ City/State \_\_\_\_\_  
Subjects Studied \_\_\_\_\_ Graduated **Yes**  \_\_\_\_\_ **No**   
Year

## References (Person to Contact)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Type of Reference Company  Personal

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Type of Reference Company  Personal

I certify that the information contained in this application is correct to the best of my knowledge and I understand that falsification of this information is grounds for dismissal in accordance with the policies of **Ya Ya's Flame Broiled Chicken**. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing to you. In consideration of my employment, I agree to conform to the rules and regulations of the company and its subsidiaries and my employment and compensation can be terminated, with or without cause, and with or without notice, at anytime at the option of either the company or its subsidiaries, or myself. I understand that no store manager, officer or other representative of the company or its subsidiaries, other than the Chairman of the Board or the President of the company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Date \_\_\_\_\_

Signature \_\_\_\_\_

## Interview Evaluation

**DO NOT WRITE IN THE BELOW SECTION- Office use only**

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