



# EMPLOYMENT APPLICATION

Date of Application  
 \_\_\_ / \_\_\_ / \_\_\_

General Information					
First Name	MI	Last Name	Social Security Number	Position Applying For	FT / PT
Address			City, State, Zip Code	Phone Number	
Have you applied here before? Worked here before? If so, what position and when?				How were you referred to Kincaid's?	
Driver License Number and State		Do you have a relative working here?		Are you 18 years or older?	

Residential History: List all residential addresses in the last 7 years					
Address	City	State	Zip Code	From	To
Address	City	State	Zip Code	From	To
Address	City	State	Zip Code	From	To

Employment Record					
Starting with your present or most recent job, list the last three employers or the last five years of employment history, whichever is longer. Include self employment (references or W-2's will be needed), and summer or part time jobs. If more space is required please continue on a separate sheet. Account for any gaps in employment over one month in length.					
Company	Type of Business	Dates Worked From : To :	Position	Starting Salary	Ending Salary
Address	Supervisor	May we contact?	Brief description of job duties		
Phone Number	Reason for leaving	Explanation for time between jobs greater than one month			
Company	Type of Business	Dates Worked From : To :	Position	Starting Salary	Ending Salary
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Educational History					
High School, College, or Vocation School Last Attended	Major / Minor	Degree received or hours earned	Dates Attended From : To :	Graduated Y / N	
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High School, College, or Vocation School Last Attended	Major / Minor	Degree received or hours earned	Dates Attended From : To :	Graduated Y / N	

Please list other relevant skills, equipment training and expertise.					

## References

Name	Relation to You	Address	Phone
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## Activities List relevant information regarding any outside activities that can be used to evaluate your ability to perform the job for which you are applying. (Exclude those indicating race, color, religion, sex, national origin, age, or disability)


## Special Restaurant Skills

Position	Y / N	# of Years	Describe Experience
Cook			
Prep			
Cutter			
Cashier			
Wait Staff			
Service / Busser			

## Please describe why you are interested in this position and this company.


Have you ever been convicted of a felony? \_\_\_\_\_ No \_\_\_\_\_ Yes

A conviction of a felony does not automatically disqualify you from consideration for employment. Details of the felony are important: the offense, circumstances and rehabilitation. Please explain.


## General Work Information

Date Available to Start :	Which shifts are you available for? Days Y / N      Nights Y / N
Are you willing to work : Weekends Y / N      Holidays Y / N	Is there anything that would limit your ability to fulfill the time and shift requirements of the job for which you are applying? Y / N

## Acknowledgement and Agreement to Application Statement (read carefully and sign)

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that the information contained in this application will be investigated and I agree to cooperate in this investigation by offering further information and signing additional authorization to obtain information if requested to do so. Failure to cooperate could result in my not being considered for employment or my discharge if employed. I understand that my employment will be contingent upon providing appropriate information for the Immigration Reform and Control Act and any other necessary information related to my employment within 3 calendar days after my date of hire.

I understand this form is an application for employment only and that no employment contract or offer is being given. I further realize that if I am employed by the company it will be for an indefinite period which may be terminated at will of myself or the company for any reason and at any time with or without cause.

Further, I understand that no employment contract that limits my employment-at-will relationship with the company may be entered into without express written consent of the president of the company.

In addition, I understand that any offer must be made by a manager or authorized representative of this company, and that if an offer is made and accepted, employment will be contingent on my receiving favorable results from any post-offer physical examination and drug screen required by the company for this position.

_____ Signature of Applicant	_____ Date
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# Schedule Availability

Employee : \_\_\_\_\_

Position : \_\_\_\_\_

Date : \_\_\_\_\_

Please indicate the days and hours you ARE AVAILABLE to work.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

If you are attending school please indicate your school schedule.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

If you currently have another job please indicate what you would like as a perfect schedule.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

If at any time your schedule availability changes you are responsible for completing a current Schedule Availability Form and submitting it to the manager for approval.

Approved by : \_\_\_\_\_

Date : \_\_\_\_\_