

LEGENDARY RESTAURANT GROUP

Application for Employment Date _____

An Equal Opportunity Employer- All employment decisions are made without regard to unlawful considerations of race, sex, religion, national origin, age, disability, or any other legally protected status.

Name			Soc.Sec #	Are you over 18?	If no you will need a work permit from your high school
Last	Middle	First		Yes <input type="radio"/> No <input type="radio"/>	

Present Address				Phone #	Have you ever worked for us before? _____ When _____
Street	City	State	Zip	()	
If hired, can you provide proof that you are a citizen or national of the United States, a lawful permanent resident or an alien authorized to work in this county? <input type="radio"/> Yes <input type="radio"/> No (Proof of employment authorization status will be required if you are hired.)					

Employment Desired					
Position Desired?	Date you can start?	Salary Desired?	Currently Employed?	If required, are you willing to work overtime?	Have you ever been convicted of a crime?

Briefly describe your qualifications for this work and any special skills or experiences you possess that will be of special benefit in the job for which you are applying:

Education	Name and Address of School	Course of Study	Years Completed	List Degree	Graduated
High School					Yes <input type="radio"/> No <input type="radio"/>
Jr./College					Yes <input type="radio"/> No <input type="radio"/>
University					Yes <input type="radio"/> No <input type="radio"/>
Tech/Voc School					Yes <input type="radio"/> No <input type="radio"/>

References- Please provide the name, address and telephone number of three people who would be willing to provide a business reference.

Name and Relationship	Address/Phone	Business	Years Acquainted
1			
2			
3			

How did you hear about us?

Advertising Walk-in Employment Agency Employee Name of Employee _____

Work History (Please fill out completely, even if accompanied by resume)

Please list most recent work experience first

Company Name		Telephone		From	To
Address		City	State	Zip	Title
Work performed		Supervisor		Base pay	Start
				End	Reason for leaving

May we contact this employer? Yes _____ No _____

Company Name		Telephone		From	To
Address		City	State	Zip	Title
Work performed		Supervisor		Base pay	Start
				End	Reason for leaving

May we contact this employer? Yes _____ No _____

Company Name		Telephone		From	To
Address		City	State	Zip	Title
Work performed		Supervisor		Base pay	Start
				End	Reason for leaving

May we contact this employer? Yes _____ No _____

Please read carefully before signing this application.

*I certify that this information given by me in this employment application is true and correct and contains no material omissions of any kind. I understand that any false statements or material omissions of fact made by me in this employment application or the interview process may disqualify me from employment or result in my termination. I authorize **LRG,LLC** to investigate my background and fitness for employment, including, but not limited to, an investigation of all information provided in this employment application. I release **LRG,LLC**, its employees and agents for any and all liability for failing to hire me or terminating my employment due to false information or material omissions. I authorize the schools, companies or persons named above to give **LRG,LLC** any information regarding my employment or educational background, together with any information they may have regarding my qualifications for the job for which I am applying, whether or not it is in my records. I hereby release said companies, schools or persons and their employees and agents from any and all liability resulting from disclosure of this information.*

I UNDERSTAND AND AGREE THAT IF I AM HIRED, MY EMPLOYMENT RELATIONSHIP WITH **LRG,LLC** IS AT WILL, WHICH MEANS THAT IT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, BY EITHER ME OR **LRG,LLC**. In addition, if I am hired, **LRG,LLC** will have the right to impose discipline or alter my position at its discretion. I understand and agree that no representative of the Company may enter into any agreement contrary to the foregoing unless it is done by way of a specific, written agreement signed by the President of **LRG,LLC**.

Signed _____ Date _____