

EMPLOYMENT APPLICATION - EXEMPT POSITIONS

GENERAL INFORMATION ABOUT YOU:

Full Legal Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Cell Phone: _____ Home Phone: _____ Other: _____
Social Security Number: _____ Date of Birth: _____
Emergency Contact Name: _____ Phone: _____

EMPLOYMENT INFORMATION ABOUT YOU:

Check box if under age 18 and provide valid Work Permit Number: _____
 Yes No Have ever worked for **ANY** Perkins Restaurant? If yes, provide location(s): _____
 Check box if you are **not** eligible to work in the United States of America
 Yes No Have you ever been convicted of a felony?
If yes, provide explanation: _____

EDUCATIONAL INFORMATION ABOUT YOU: (Check **all** boxes that apply)

Received High School Diploma Year: _____ School: _____
 Received College Degree Year: _____ College: _____ Degree: _____
 Received Vocational Degree Year: _____ Institution: _____ Subject: _____

EMPLOYMENT HISTORY ABOUT YOU: (List most recent employer first)

Yes No Is there is any gap in employment? If yes, why: _____
From _____ to _____ Employer Name: _____
Position: _____ Supervisor Name: _____
Beginning Weekly Pay \$ _____ Phone Number to Contact for Reference: _____
Ending Weekly Pay \$ _____ Reason for leaving: _____
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From \_\_\_\_\_ to \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Beginning Weekly Pay \$ \_\_\_\_\_ Phone Number to Contact for Reference: \_\_\_\_\_  
Ending Weekly Pay \$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
~~~~~  
From _____ to _____ Employer Name: _____
Position: _____ Supervisor Name: _____
Beginning Weekly Pay \$ _____ Phone Number to Contact for Reference: _____
Ending Weekly Pay \$ _____ Reason for leaving: _____

EMPLOYMENT DESIRED BY YOU:

Check **one** position you are applying for:

- General Manager Food Production Manager Assistant Manager Guest Service Manager

If hired, you will be required to become ServSafe Certified & work all Holidays

Read the Position Description for the position checked above and initial here _____ indicating you did so.

What is your desired weekly pay → \$ _____

We are an Equal Opportunity Employer and do not unlawfully discriminate in employment. No question on this application is used for the purposes of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process must notify the General Manager of the unit they are making application at.

Please read the following statement carefully BEFORE SIGNING this Employment Application

I, the undersigned, hereby authorize the potential employer to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions and/or references. I also hereby release from liability the potential employer and its representatives for seeking, gathering and using such information to make employment decisions. I also release all previous employers, educational institutions and references from any and all liability from them providing this company with information its representatives may request pursuant to this release.

I understand that **prior to employment being offered to me and in order for such offer to be valid** I will be required to provide satisfactory proof of identity and legal work authorization. Upon becoming employed I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, for any reason or no reason, at any time, with or without notice, so long as there is no violation of applicable federal or state law.

I understand that I may be asked to submit to a medical examination, including drug testing, at any time during the application process or during employment, for any reason or no reason. If I were to fail the drug test I understand that I would be terminated immediately for violation of Company Policy as stated in my Employment Handbook, which I will receive and read on my first day of employment.

I also understand that if for any reason it is found that I am unable or unfit to perform the essential job functions of my position, as contained in the Position Description for the position(s) I checked above, even with accommodations, my employment will be terminated.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for disqualification of this application and/or immediate termination of employment if I am employed, **whenever** it may be discovered.

I represent and warrant that I have read and fully understand the foregoing and that I seek employment under all of the above conditions.

Applicant Signature: _____

Date: _____