

Hurricane Restaurants Employment Application

We are an Equal Opportunity Employer. All applicants are considered without regard to race, color, religion, disability, sex, national origin, age (for those age 40 or over), or any other basis protected by federal, state, or local law. This employment application is only active for 30 days. After this time a separate employment application must be submitted in order to be considered for employment.

Personal Information

please print clearly

Date: _____

First Name _____ Middle _____ Last _____

Street Address _____ Social Security No. _____

City/State/Zip _____ Phone (____) _____

How did you find out about this job? Newspaper Referral Other _____

If hired, do you have a reliable means of transportation to get to work? Yes No What is it? _____

Minimum salary expected _____

If the job you are applying for requires driving: Driver's License No. _____ State Issued _____ Expiration Date _____

Are you legally eligible for employment in the U.S.? Yes No (Proof of U.S. citizenship or immigration status will be required if hired.)

Have you been convicted of a crime? (Massachusetts applicants should not include misdemeanor convictions; California applicants should not include marijuana-related convictions that occurred more than 2 years prior to the application date.) Yes No If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

Employment Data

Are you seeking: Temporary Full-time Part-time What position(s) are you applying for? _____

What hours and shift(s) would you prefer to work? _____

What hours and shift(s) would you prefer not to work? _____

Please indicate any shift(s) you would not be available to work. _____

Are you willing to work overtime? Yes No Weekends? Yes No Holidays? Yes No

Are you currently employed? Yes No If hired, when would you be able to start? _____

Have you ever worked for this organization before? Yes No If yes, name used: _____

List any friends or relatives employed by this company: _____

Are you on layoff and subject to recall? Yes No

Have you ever been discharged or asked to resign from any position? Yes No If yes, please describe: _____

How many days have you missed from school or work in the last year other than approved vacation, sick, or disability leave? _____

How many days have you been late to school or work in the last year other than approved vacation, sick, or disability leave? _____

Education (Circle highest level attained.)

| | | |
|---|-----------------------------|---------------------------|
| Elementary: 1 2 3 4 5 6 7 8 | Secondary: 9 10 11 12 G.E.D | College: 1 2 3 4 5 6 7 8 |
| Name of School: _____ | Name of School: _____ | Name of School: _____ |
| Location of School: _____ | Location of School: _____ | Location of School: _____ |
| If in high school, are you enrolled in a recognized co-op program? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Degree & Major: _____ |
| If yes, identify program and school: _____ | | Minor: _____ |

Military Service

Are you a veteran? Yes No If yes, give dates of service: From _____ To _____
List any special skills or training: _____

Work History (Please list your last four employers. Begin with the most recent.)

| | | |
|----|--|--|
| 1. | Company _____ | Phone No. with Area Code (_____) _____ |
| | Address _____ | City/State/Zip _____ |
| | Dates of Employment: From _____ To _____ | Salary: Beginning _____ Ending _____ |
| | Job Title _____ | Supervisor's Name & Title _____ |
| | Describe duties briefly: _____ | |
| | Specific reason for leaving: _____ | |
| 2. | Company _____ | Phone No. with Area Code (_____) _____ |
| | Address _____ | City/State/Zip _____ |
| | Dates of Employment: From _____ To _____ | Salary: Beginning _____ Ending _____ |
| | Job Title _____ | Supervisor's Name & Title _____ |
| | Describe duties briefly: _____ | |
| | Specific reason for leaving: _____ | |
| 3. | Company _____ | Phone No. with Area Code (_____) _____ |
| | Address _____ | City/State/Zip _____ |
| | Dates of Employment: From _____ To _____ | Salary: Beginning _____ Ending _____ |
| | Job Title _____ | Supervisor's Name & Title _____ |
| | Describe duties briefly: _____ | |
| | Specific reason for leaving: _____ | |
| 4. | Company _____ | Phone No. with Area Code (_____) _____ |
| | Address _____ | City/State/Zip _____ |
| | Dates of Employment: From _____ To _____ | Salary: Beginning _____ Ending _____ |
| | Job Title _____ | Supervisor's Name & Title _____ |
| | Describe duties briefly: _____ | |
| | Specific reason for leaving: _____ | |

May we contact all of the employers listed above? Yes No If not, tell us which one(s) you do not wish us to contact and why:

How many jobs have you had in the last five years that are not listed above? _____

Why are you seeking a new position at this time? _____

List any business-related outside interests and organizations you're active in: _____

Please read the following carefully, then sign and date the application.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except an officer of the company, who may do so only in writing. I have read, understand, and agree to the above.

Applicant's Signature _____ Date _____

Check over the foregoing application to make sure it is complete and signed.

MASSACHUSETTS EMPLOYMENT ONLY: An application for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to any inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution.

MASSACHUSETTS & MARYLAND EMPLOYMENT ONLY: An employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and/or subject to criminal penalties and civil liabilities.