



EMPLOYMENT APPLICATION

Toxic Restaurant Group, LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant for employment on a basis prohibited by local, state or federal law. Should an applicant need reasonable accommodation in the application process, they should contact a company representative.

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Date of Birth
Current Mailing Address	City	State	Zip
E-Mail Address			Cell Phone () -
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			

POSITION APPLYING FOR

Position Desired	Interested In: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekend
Have you ever been convicted for a crime other than a major traffic violation? <i>This information will be considered in hiring or job placement but will not automatically disqualify you for employment</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		

AVAILABILITY

Hours Available							
	M	T	W	Th	F	S	Su
FROM							
TO							
Date Available	Salary Desired Per Hour			TOTAL HOURS Available Per Week			
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No							

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed						
College/Trade School						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly / Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
Languages Read, Written or Spoken Fluently Other Than English						
Skills (List all pertinent skills and equipment that you can operate)						

VETERAN INFORMATION

Branch of Service	Date of Entry	Date of Discharge
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WORK EXPERIENCE (Most recent first; include volunteer work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor

Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
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		Supervisor

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Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PERSONAL REFERENCES

Name	Job Title	Phone Number () -
Name	Job Title	Phone Number () -
Name	Job Title	Phone Number () -

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____