

<b>PERSONAL INFORMATION</b>		DATE	
NAME		EMAIL ADDRESS	
PRESENT ADDRESS		CITY	STATE ZIP
PERMANENT ADDRESS		CITY	STATE ZIP
HOME PHONE	CELL PHONE	Are you 18 years or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		All new employees will be required to complete a Form I-9 establishing their identity and eligibility to work in the United States.	

<b>EMPLOYMENT DESIRED</b>			
POSITION		DATE YOU CAN START	SALARY DESIRED
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, may we inquire your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?	When?
REFERRED BY			

EDUCATION & SKILLS	Name & Location of School	*Number of years attended	*Did you graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK				
SPECIAL SKILLS				
ACTIVITIES (Civic, Athletic, etc. Please exclude organizations in which the name indicates race, creed, sex, age, marital status, color, or national origin of its members.)				
PLEASE INDICATE IF YOU ARE A MEMBER OF THE FOLLOWING: <input type="checkbox"/> U.S. Military or Naval Service <input type="checkbox"/> National Guard or Reserves				

FORMER EMPLOYERS	<i>Below, please list last 3 employers, starting with the most recent.</i>			
Dates (Month & Year)	Name & Address of Employer	Salary	Position	Reason for Leaving
FROM				
TO				
FROM				
TO				
FROM				
TO				
Which of these jobs did you like best?				
What did you like most about this job?				

\*The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

<b>REFERENCES</b>				
<i>Below, provide the information of 3 persons not related to you, whom you have known for at least one year.</i>				
Name	Address	Phone Number	Business	Years Acquainted
1				
2				
3				
<b>IN CASE OF EMERGENCY, NOTIFY:</b>				
NAME	ADDRESS	PHONE	RELATIONSHIP	

**APPLICANT STATEMENT**

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions – verbal or written – may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

I authorize Creative Dining Services, Inc. to investigate all statements and references contained in this application including my criminal background, and to contact my previous employers, to contact educational institutions that I have attended, and to discuss my employment/educational history with them. I authorize the release of any information concerning my criminal background, employment, and educational history to Creative Dining Services, Inc. by my former employers and educational institutions. I release Creative Dining Services, Inc., and its officers, employees, agents, any company representing Creative Dining Services, Inc., my current and former employers, and the educational institutions I have attended, from all liability and responsibility arising from the disclosure and discussions of any such information, records, or other documents that pertain to me. In addition, I understand that Creative Dining Services, Inc. may request a criminal and/or credit history pertaining to me. If such a check occurs, I understand that I will be provided with additional notices and information about that process and my rights.

Should I receive a conditional offer of employment, I agree to submit to a physical, medical, and/or psychological medical examination. I further authorize any physician or entity conducting such medical examination to release the results of such examination to Creative Dining Services, Inc.

I understand that Creative Dining Services, Inc. has an obligation to provide reasonable accommodations for otherwise qualified individuals with disabilities. I understand that if there is a need for accommodation, it is my obligation to promptly advise the Company of that need.

I give my consent for Creative Dining Services, Inc. through an authorized testing service of its choice, to collect blood, urine, hair, or saliva samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances. Further, I give my consent for the release of the tests results and other relevant medical information to authorized Creative Dining Services, Inc. management for appropriate review. If I am accepted for employment by Creative Dining Services, Inc., I consent to be tested in the above manner during my employment when, in the company’s judgment, such testing is appropriate, and I acknowledge that remaining free of illegal drug use and complying with the Company’s substance abuse policy is a condition of my employment.

I understand that all employees of Creative Dining Services, Inc. are employed on an at will basis and are subject to termination at any time, with or without prior notice, discipline, or warning, for any or no reason. No person other than the President of Creative Dining Services, Inc. has the authority to offer employment for any specified period or to make any different agreement. No such agreement by the President will be enforceable unless it is in writing, pertains specifically to me, and is signed by the President. Without limiting the foregoing, I further understand that I am required to abide by all rules and regulations of Creative Dining Services, Inc. and to work the hours, days and shifts (either day or night) scheduled by the management of the unit where I am employed.

“WAIVER OF LIMITATION.” In exchange for Creative Dining Services, Inc. considering my Application For Employment and except as prohibited by law, I agree that I must file any and all claims and/or lawsuits arising out of or pertaining in any way to my Application for Employment, employment or termination of employment within six (6) months of the event giving rise to the claim and/or lawsuit. I understand that applicable statutes of limitation may be longer than six (6) months. However, I agree to be bound by this shorter, six (6) month period of limitation and accordingly WAIVE ANY STATUE OF LIMITATION TO THE CONTRARY. This waiver includes, but is not limited to, waiver of statutes of limitation that apply to state or federal civil rights statutes.

<b>SIGNATURE</b>	<b>DATE</b>
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## Applicant Interview Inquiry of Criminal History

**NAME:**

**Have you ever been convicted of a crime or are any felony charges pending against you?**

Yes

No

**If yes, please provide date(s) and details:**

Applicants are not obligated to disclose sealed or expunged records of conviction or arrests. Answering “yes” to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

**SIGNATURE:**

**DATE:**

