



# Application for Employment

**EQUAL OPPORTUNITY EMPLOYER**

**Please complete this Application in your own handwriting, in ink.**

Albert Restaurant Group is an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, gender, age, national origin, color, religion, disability, military status, or any other basis protected by applicable federal, state or local law.

## Personal Information

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Have you ever worked for a Schlotzsky's or DQ Restaurant?  Yes  No If yes:

Location: \_\_\_\_\_ Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Mo. Yr. Mo. Yr.

If hired, can you provide documentation to show that you are a U.S. citizen or otherwise authorized to work in the U.S.?  Yes  No

You must be at least 16 years old to work at Schlotzsky's or DQ. Do you meet this requirement?  Yes  No

You must be at least 18 years old to operate certain kitchen equipment. Do you meet this requirement?  Yes  No

## Job Interest

Position Applied for: \_\_\_\_\_ Rate of pay expected: \$ \_\_\_\_\_ Date Available to Work: \_\_\_\_\_

Number of hours desired per week: _____		HOURS AVAILABLE TO WORK						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
DAY	START							
	END							
NIGHT	START							
	END							

## Education

	School Name and Location	Number of Years Completed	Graduated? (Yes/No)	Major	Degree
High School					
	City/State				
College					
	City/State				
Other					
	City/State				

## Work History

Employer, Address and Phone	Dates of Employment	Position Held	Rate of Pay	Supervisor Name/Title	Reason for Leaving
Present, or Last Position	From:				
	To:				
Previous Position	From:				
	To:				
Previous Position	From:				
	To:				

How were you referred to us for employment? \_\_\_\_\_

Do you have any commitments that could interfere with the regular performance of your duties on behalf of Albert Restaurant Group?

Yes  No

If yes, please describe.

During the past 7 years, have you ever been convicted of, or pleaded guilty or no contest to, a felony offense?  Yes  No

If yes, explain in full, indicating date, charge, place and action taken. \_\_\_\_\_

## Business References

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

## Employment Terms

**Please read the following carefully before signing this Application.**

**BY COMPLETING AND SUBMITTING THIS APPLICATION FOR EMPLOYMENT, I UNDERSTAND AND AGREE THAT:**

It is the policy Albert Restaurant Group (The Company) to recruit, hire, and promote qualified applicants and to provide equal employment opportunities to all applicants in a manner which will not discriminate against any person because of race, color, religion, gender, national origin, age, sexual orientation, disability, marital status, veteran status or other factors identified and protected by federal, state, and local legislation. It is understood that a breach of the Company's policy regarding nondiscrimination because of race, color, religion, gender, national origin, age, sexual orientation, disability, marital status, veteran status or other factors identified and protected by federal, state, and local legislation, shall be grounds for appropriate disciplinary action up to and including termination of employment. The Company is also committed to providing a work environment that is free of harassment of all types and maintains a strict policy which prohibits harassment in any form, including sexual harassment, whether committed by managers, supervisors, or hourly employees. Violation of this policy will result in disciplinary action up to and including termination of employment.

I understand that this is an application for employment with the Company and that no employment contract is being offered. I further understand that if I am employed, I or the Company may terminate my employment at any time, with or without cause and without any prior notice. I understand that no representative of the Company has the authority to make any assurance to the contrary. This Application shall remain active for sixty (60) days from the date below. To be considered for employment after sixty (60) days have elapsed, I must complete another Application for Employment.

I authorize the Company to thoroughly investigate my work and personal history and verify all data given to the Company. I authorize all individuals, schools and employers named (except my present employer, if so noted) to provide any information about me. I hereby release from liability the Company and its representatives for seeking such information and all persons, companies, or organizations for furnishing such information. I release the 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. I understand that positive drug test results may result in an offer of employment being rescinded or termination of employment. If requested, I will take a post-job offer physical examination and during 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 certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_