



EMPLOYMENT APPLICATION

Qualified applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

PERSONAL

Date of Application _____

Name _____ ~~Social Security No.~~ _____
Last First Middle Initial

Present Address _____
No. Street City State Zip Code

How long have you lived at this address? _____ Telephone No. () _____

Job applied for _____ Rate of pay expected \$ _____ per _____

How did you learn of this opening? _____

AVAILABILITY

List hours available to work per week:

Check here if available anytime.

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

How many hours per week would you like to work? _____

Have you worked for a LEE'S Restaurant before? Y ___ N ___ If yes, When, _____ Where _____

HOW WOULD YOU RATE YOURSELF

(1 = improvement needed 2 = OK 3 = Good 4 = Top Performer)

- _____ Energy Level: Your sense of urgency, self-motivation and enthusiasm.
- _____ Communication Skills: Your ability to listen well, express ideas clearly and accept feedback.
- _____ Hospitality: Your natural friendliness and customer service skills.
- _____ Reliability: Your dependability, attendance, self-discipline and dedication.
- _____ Personal Pride: Your appearance, hygiene and achievement.
- _____ Teamwork: Your cooperation with others and team spirit.

1. What achievement in life are you most proud of? _____
2. What are your personal strengths? _____
3. What are your weakest areas? _____
4. What are your five-year goals? _____

Referring to the position description, are you capable of performing the essential functions of the job for which you are applying? ___ Yes ___ No If Not, please list the essential duties you cannot perform.

In Case of Emergency, Contact: _____

Do you have reliable transportation to work? Yes No

Do you have any relative or friends currently working for LEE'S Yes No

If yes, state relationship to you and location of employment _____

(PLEASE NOTE: ALL ITEMS ON REVERSE SIDE MUST BE COMPLETED)

In the event you are required to use your personal or company automobile to conduct company business, please complete the following:

Do you have a valid driver's license? Yes No If Yes, Indicated (State) _____ (Number) _____
 Do you have automobile liability insurance? Yes No

*Only applicants whose job will involve driving need respond. Ask the manager to whom you are applying for details.

LIST BELOW, BEGINNING WITH YOUR MOST RECENT, ALL PRESENT AND PAST EMPLOYMENT

Name, Address and Phone # of Company	From		To		Last Position Held		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	Title	Duties				

PERSONAL REFERENCES (Not former employers or relatives)

Name and Address	Occupation	Phone Number

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did you Graduate?	List Diploma or Degree	Grade Average
			1	2	3	4			
High									
College/VoT									

BACKGROUND

Are you 18 years of age or older? Yes No If no, Date of Birth ____/____/____
 Have you ever been convicted of any felony? Yes No
 Have you ever been convicted of any crime, excluding misdemeanors? Yes No
 Have you ever been convicted of any crime involving violence to another person? Yes No
 Have you ever been convicted of any crime involving dishonesty? Yes No
 Are you serving probation for any misdemeanor offense? Yes No
 Have you ever been counseled or disciplined for cash handling violations? Yes No
 Have you ever been counseled or disciplined for being late or absent from work or alcohol? Yes No
 If you have answered Yes to any of the above, describe in full. _____

IMPORTANT - READ BEFORE SIGNING

I certify that information given herein is true and complete to the best of knowledge.

I authorize investigation of all statements and references contained in this employment application as may be necessary in arriving at an employment decision, including requests for criminal, credit, or motor vehicle driving reports. I understand that incorrect, misleading or incomplete information on this application may result in immediate termination of employment. I understand that this employment application and any other company documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time and for any reason. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any prospective or existing employee. I understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs during employment.

Signed _____ Date _____