

# Application For Employment



We are an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Today's Date: \_\_\_\_\_

## Personal Information

Full Name \_\_\_\_\_

Address _____		City _____	State _____	Zip _____
Phone Number _____	Mobile Number _____	Email Address _____		
Have you ever been arrested? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you legally able to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Do you have a reliable method of transportation? If no, how will you commute to work in accordance with your schedule?

Yes  No

## Position

Position You Are Applying For _____	Available Start Date _____	Desired Pay _____
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

## Shift Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From _____							
To _____							

Desired Hours per Week: \_\_\_\_\_

## Education & Certifications

Trade, College, H.S. School Name	Location	Years Attended	Degree Received	Subjects Studied
Certification Name	Years Valid	Expiration Date	Please note if you plan to obtain listed Certification	
Food Handler's Certificate				
CPR & First Aid				

## Employment History

<b>Employer (1)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (2)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

## References (2 Professional & 1 Personal)

Name	Title	Company	Phone

## Summarize Additional Special Skills or Qualifications

---



---



---

## Signature Disclaimer

"I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my disciplinary action up to and including termination. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal state laws."

Full Name (Please Print)	Signature
Date	

Frenchy's Chicken, 3919 Scott Street Inc., assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.