

# Clarke Restaurant Group Employment Application

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

Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Present Address \_\_\_\_\_  
No. Street City State Zip Code

How long have you lived at this address? \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Job/Location 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 ever worked for Arby's before? Y \_\_\_ N \_\_\_ If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

## 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? \_\_\_\_\_
5. Why do you want to work with us? \_\_\_\_\_

Can you perform the essential functions of this job, with or without accommodations?    Yes    No

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have reliable transportation to work?    Yes    No

Do you have any relatives or friends currently working with us?    Yes    No

If yes, state relationship to you and location of employment: \_\_\_\_\_

**PLEASE NOTE: ALL ITEMS ON REVERSE SIDE MUST BE COMPLETED**

# Employment Application Continued

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, indicate: \_\_\_\_\_

Do you have automobile liability insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ State \_\_\_\_\_ Number

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

## Past Employment (beginning with most recent)

| Name, Address and Phone # of Company | From |    | To |    | Last Position Held |        | Weekly Starting Salary | Weekly Ending 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 | Years Attended |    | Circle Last Year Completed | Did you Graduate? | List Diploma or Degree | Grade Average |
|----------------|----------------------------|-----------------|----------------|----|----------------------------|-------------------|------------------------|---------------|
|                |                            |                 | From           | To |                            |                   |                        |               |
| High School    |                            |                 |                |    | 1 2 3 4                    |                   |                        |               |
| College/VoTech |                            |                 |                |    | 1 2 3 4                    |                   |                        |               |

## Background

Are you 18 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you ever been convicted or pled guilty or nolo contendere to any crime involving violence to another person?  Yes  No

Have you ever been convicted or pled guilty or nolo contendere to any crime involving dishonesty, theft, fraud or embezzlement?  Yes  No

Have you ever been convicted or pled guilty or nolo contendere to any sexual crimes including rape, assault or involving minors?  Yes  No

Have you ever been convicted or pled guilty or nolo contendere to any crime involving distribution or intent to distribute illegal drugs or other controlled substances?  Yes  No

Have you ever been counseled or disciplined for cash handling violations?  Yes  No

### IMPORTANT - READ BEFORE SIGNING

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

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 before and during employment.

Signed \_\_\_\_\_ Date \_\_\_\_\_