Employment Application

In order to be considered for employment, this application must be filled out completely. Resumes, although accepted, will not be considered in lieu of this application.



For what position are you applying?:

For what position are you applying?:						
Note: Please complete all areas of the application. Entries of "See Resume" are unacceptable. Please enter N/A ("not applicable") for areas that do not apply to you.						
Personal Data (Please print or type all requested information)						
Name:		Social Security Number:				
Present Address: (street, city, zip):						
Email Address	The Home Area Code:		Business /Area Code:			
Have you previously applied for work with this con	Have you previously applied for work with this company? Yes No If yes, month/year					
Have you previously been employed with this company? ☐ Yes ☐ No Title: Dates:						
Under what name (if different) have you previous	ly applied or be	en employed? (e.g., maiden nar	me)			
Do you have any relatives employed by this comp	oany? ☐ Yes[☐ No Name:	Relationship:			
Determination of employed relatives does not exclude an applicant from employment, but may be considered to prevent placement, which may create conflicts of interest.						
If hired, can you present evidence of U.S. Citizen ☐ Yes ☐ No	ship or proof of	legal right to live and work in	this country?			
Are you age 18 or older? Yes No Proof of	of age and work p	permits may be required prior to hi	ring			
Are you able to perform the essential functions of accommodation? \square Yes \square No	the job for which	ch you are applying, either witl	h or without reasonable			
If NO, describe the functions that cannot be performed						
Cheeseburger Restaurants complies with the ADA and applicants/employees to perform essential functions. His						
Have you ever been convicted of a felony? Yes No (Hawaii applicants DO NOT answer at this time)						
A conviction will not necessarily disqualify an applicant from employment. Do not list crimes which were sealed, expunged, eradicated or judicially dismissed.						
If YES, please explain the circumstances of the c	onviction.					
Have you ever been convicted of a misdemeanor? Yes No (Hawaii applicants DO NOT answer at this time)						
A conviction will not necessarily disqualify an applicant from employment. Do not list crimes which were sealed, expunged, eradicated or judicially dismissed.						
If YES, please explain the circumstances of the conviction.						
Salary Requirements & Availability						
Minimum Salary Required:	C	Date Available:				
Availability: (check as many as apply): Full-Time Part-Time Temporary Day Shift Swing Night						
Will you work overtime if necessary? ☐ Yes ☐] No					

Employment History	1				
	hing a resum	e. Please coi	mplete in fu		yment). This section must be e numbers, addresses and names
Name of Employer: (Current or Most Recent)				Can we contact this employer? Yes No	
Street Address:				Phone #:	
City:	State	Zip			
Starting Employment Date:	Starting Salary	arting Salary:		e :	Other Compensation:
Ending Employment Date:	Ending Salary:		Ending Title:		
Name & Title of most recent Sup	pervisor:		•	Reason for leaving or seeking new employment?	
Duties:					
2. Name of Employer: (Current or Most Recent)			Can we contact this employer? Yes No		
Street Address:			Phone #:		
City:	State	Zip:		State	
Starting Employment Date:	Starting Salary:		Starting Titl	e:	Other Compensation:
Ending Employment Date:	Ending Salary: Endin		Ending Title	e:	
Name & Title of most recent Supervisor:			Reason for leaving or seeking new employment?		
Duties:					
3. Name of Employer: (Current or Former)			Can we contact this employer? Yes No		
Street Address:			Area Code/Phone:		
City:	State:	Zip:			
Starting Employment Date:	Starting Salary	ng Salary: S		e:	Other Compensation:
Ending Employment Date:	Ending Salary:		Ending Title	:	
Name & Title of most recent Supervisor:				Reason for leaving or seeking new employment?	
Duties:					

Professional References Provide the names of three persons, not related to you, who can attest to your work performance					
Name	Relationship	Daytime Phone with Area Code	Years Known		
1.					
2.					
3.					

Additional Applicant Information				
What prompted this application? How did you hear about this job? (Please check the appropriate box and specify source)				
☐ (A) Newspaper Ad: name of paper				
☐ (B) Journal or Publication: name				
☐ (C) Self Referral				
☐ (D) Employee Referral: name of employee				
☐ (E) Community Referral Agency: name				
☐ (F) Internet Posting: service name				
☐ (G) Other (please explain)				

Authorization and Acknowledgement

Please Read Carefully and Sign Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Cheeseburger Restaurants to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment, continued employment, or promotion including but not limited to relevant medical & drug testing, social security number verification, motor vehicle record, and credit report (additional release forms may be necessary). I further understand that as a condition of employment I may be asked to provide information regarding any previous criminal convictions and that a criminal background check may be conducted. I further authorize the references I have listed to disclose to Cheeseburger Restaurants any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Cheeseburger Restaurants, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

The use, possession, or being under the influence of illegal drugs or alcohol while on Company time is prohibited and will result in disciplinary action, up to and including termination of employment. I hereby agree to submit to any lawful drug and/or alcohol testing that may be required as a condition of employment and understand that a refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including termination. I authorize any physician, hospital, laboratory, or collection site to release to the Company the results of any test or examination or other information which may be necessary to determine my ability to perform the duties or a job for which I am being considered, prior to employment or in the future during my employment with the Company.

If I am offered a position with the Company, I agree that on my first day of employment, I will bring documents verifying my legal authorization to work in the United States. (Federal law requires that you provide proof that you have applied for the required documents within your first three (3) days of employment and that you provide the actual documents within the first ninety (90) days of employment).

I understand that I am required to abide by the policies and guidelines established by the Company.

I understand that nothing contained in the application, or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. I further understand that the Company expressly reserves its inherent authority to manage and control the business enterprise and to exercise its sole discretion to determine all issues pertaining to my employment, including all matters pertaining to promotion, job assignment, the size of the workforce, demotion, transfer and discipline. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the President and/or CEO of the company.

form is true and correct.				
Signature:	Date:			

Statement on diversity: CHEESEBURGER RESTAURANTS is committed to an inclusive business environment that embraces and values the differences, creativity and perspectives of all of our employees, customers, investors, vendors and community. Our commitment to diversity has resulted in a company whose business practices are shaped by a wide range of ideas and cultures.

Equal opportunity and affirmative action employer: It is our policy to attract and retain the best qualified people available without regard to race, color, religion, national origin, gender, sexual orientation, age, disability or status as a special disabled veteran, Vietnam-era veteran or other qualifying veteran.

We promote a drug-free work environment and may require pre-employment background check and drug screening

Equal Employment Opportunity Data

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your

To be completed by applicant:

☐ 4. Technicians

☐ 5. Sales

employment. We are required by law to collect this information for equal opportunity employment purposes, but it will not become part of your personnel record. For what position are you applying: _____ ☐ Male ☐ Female Sex: Ethnicity: Hispanic Race: American Indian/Alaskan Native □ Latino Native Hawaiian or Other Pacific Islander Asian Black or African American White Two or More Races Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readiustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable: □ Vietnam Era Veteran □ Disabled Veteran ☐ Individual with a Disability To be completed by employer: EEO-1 Category: ☐ 6. Office and clerical ☐ 1. Officials and managers – Executive/ Sr. Level ☐ 2. Officials and managers – First Level/Mid ☐ 7. Crafts - skilled □ 3. Professionals □ 8. Operatives - semi-skilled

☐ 9. Laborers - unskilled

☐ 10.Service workers