

## **Employment Application**

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, national origin, gender, age, religion, disability, sexual orientation, veteran status, or marital status, or other category protected by law.

Please print clearly and complete entire application, and sign where indicated. If you submit this form on line, you will be asked to sign this form if you are selected for an interview.

| The Basics  |                    |                |         |          |          |          |          |        |
|---|--------------------|----------------|---------|----------|----------|----------|----------|--------|
| Date  |                    |                |         |          |          |          |          |        |
| Your Name   | Last               |                | First:  |          |          | MI:      |          |        |
| Present   | No. & Street       |                |         |          |          |          |          |        |
| Address   | City State Zip     |                |         |          |          |          |          |        |
| Permanent   | No. & Street       |                |         |          |          |          |          |        |
| Address (if   | City State Zip     | )              |         |          |          |          |          |        |
| different) Cell Phone   |                    |                | Email   | ı        |          |          |          |        |
| Cell Phone  |                    |                | Email   |          |          |          |          |        |
|   |                    |                |         |          | I.       |          |          |        |
| <b>Position Desi</b>  | red and A          | vailability    | /       |          |          |          |          |        |
| Check all that appl   | y:                 |                |         |          |          |          |          |        |
| Server  |                    |                |         | Assis    | ant Mana | ger      |          |        |
| ☐ Kitchen Prep/   | /Cook              |                |         | Mana     | ger      |          |          |        |
| Dishwasher  |                    |                | ☐ Other |          |          |          |          |        |
|   |                    |                |         |          |          |          |          |        |
| Please indicate d   |                    |                |         |          |          |          |          |        |
| Monday  | Tuesday            | Wednesday      | У       | Thurs    | day      | Friday   | Saturday | Sunday |
|   |                    |                |         |          |          |          |          |        |
|   |                    |                |         |          |          |          |          |        |
| Minimum/maximum   | hours vou are      | available eacl | n week  | c: Minim | num:     | Maximum: |          |        |
|   | , ,                |                |         |          |          |          |          |        |
| What is your pay ex   | pectation?         |                |         |          |          |          |          |        |
| When could you sta  | rt?                |                |         |          |          |          |          |        |
| How long would you like to work at DB?                          |                    |                |         |          |          |          |          |        |
| iong would you  | i iii.o to work at |                |         |          |          |          |          |        |
|   |                    |                |         |          |          |          |          |        |
| Referral Sour   |                    |                |         |          |          |          |          |        |
| How did you hear about the position for which you are applying? |                    |                |         |          |          |          |          |        |
| Website   | Craigslist         | 1              | Newsp   | aper     |          | Friend   | Other    |        |



| Education  |   |   |   |  |   |  |  |
|--|---|---|---|--|---|--|--|
|  |   | Name/Location   |   | Years<br>Completed   | Major/Degree  |  |  |
| High School  |   |   |   |  |   |  |  |
| College  |   |   |   |  |   |  |  |
| Additional Training,<br>Special Skills and<br>Certifications |   |   |   |  |   |  |  |
|  |   | 41  |   |  |   |  |  |
| Persona  |   |   |   | N. 🗆   |   |  |  |
|  |   | s or relatives who work for<br>d relationship:  | ·DB? Yes ∐  | No 🗌   |   |  |  |
| Name:  |   |   | Relationship:   |  |   |  |  |
| Name:  |   |   | Relationship:   |  |   |  |  |
| ☐ Yes<br>☐ No  | If hired, would you have a reliable means of transportation to and from work?   |   |   |  |   |  |  |
| ☐ Yes<br>☐ No  | Are you at least 18 years old? (If under 18 hire is subject to verification that you are of minimum legal age.)   |   |   |  |   |  |  |
| ☐ Yes  | If hired can you present evidence of your legal eligibility to work in the U.S.?  |   |   |  |   |  |  |
| ☐ Yes  | Are you able to perform the essential functions of the job for which you are applying either with or without reasonable accommodation? If no, describe the functions that cannot be performed |   |   |  |   |  |  |
|  | Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.                           |   |   |  |   |  |  |
| ☐ Yes  | Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?   |   |   |  |   |  |  |
| ☐ No   | If yes, state nature of the crime(s), when and where convicted, and disposition of case:  |   |   |  |   |  |  |
|  | statute or c<br>information<br>denied emp<br>offense, the   | court order, any conviction pertaining to referral to and loyment solely on the groun | for a marijuana o<br>participation in an<br>ds of conviction of<br>and the relevanc | ffense if the convict<br>pre-trial or post-tria<br>a criminal offense. | , dismissed, or otherwise eradicated by ion is more than two years old, or any al diversion program. No applicant will be The nature of the offense, the date of the he position(s) applied for may, however, |  |  |



## **Employment History**

Please list below present and past employment starting with your most recent employer (last three employers or last three years is sufficient). Please complete this section even if you attach a resumé.

| Dates Employed            | Shift | Hours/week        | Starting Pay       | Ending Pay | May we contact for a reference? |  |
|---------------------------|-------|-------------------|--------------------|------------|---------------------------------|--|
| Company & Address         |       | Position & Duties |                    |            |                                 |  |
| Supervisor & Phone Number |       |                   | Reason for Leaving |            |                                 |  |
|                           |       |                   |                    |            |                                 |  |
| Dates Employed            | Shift | Hours/week        | Starting Pay       | Ending Pay | May we contact for a reference? |  |
| Company & Address         |       |                   | Position & Duties  |            |                                 |  |
| Supervisor & Phone Number |       |                   | Reason for Leaving |            |                                 |  |
|                           |       |                   |                    |            |                                 |  |
| Dates Employed            | Shift | Hours/week        | Starting Pay       | Ending Pay | May we contact for a reference? |  |
| Company & Address         |       |                   | Position & Dutie   |            |                                 |  |
| Supervisor & Phone Number |       |                   | Reason for Leaving |            |                                 |  |
|                           |       |                   |                    |            |                                 |  |

## References

List below three persons not related to you who have direct knowledge of your work performance within the last three years. Supervisory references from school, volunteer organizations or extracurricular interests are acceptable if no others are available.

| Name:           | Phone Number: |
|-----------------|---------------|
| Occupation:     | Company       |
| How acquainted? | For how long? |
|                 |               |
| Name:           | Phone Number: |
| Occupation:     | Company       |
| How acquainted? | For how long? |
|                 |               |
| Name:           | Phone Number: |
| Occupation:     | Company       |
| How acquainted? | For how long? |



| Emergency | Contact |
|-----------|---------|
|-----------|---------|

Name of Person to Contact in Case of an Emergency?

Phone Number?

Alternate Phone Number?

## Certification and Signature

Please Read Carefully, Initial Each Paragraph and Sign Below:

| I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for   | <br>Initials |  |  |  |
|--|--------------|--|--|--|
| employment and that the answers given by me are true and correct to the best of my knowledge. 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 Diablo Burger to thoroughly investigate my references, work record, education and other   | <del></del>  |  |  |  |
| matters related to my suitability for employment and, further, authorize the references I have listed to disclose  | Initials     |  |  |  |
| to the company 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 the Company, 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.  |              |  |  |  |
| I understand and agree that, if employed, my employment with Diablo Burger is at-will and can be terminated  | Initials     |  |  |  |
| with or without cause and with or without notice at the option of Diablo Burger. This express at-will agreement  | Imiliais     |  |  |  |
| constitutes the entire agreement between me and Diablo Burger with respect to the duration of my employment or the circumstances or conditions under which my employment may be terminated. This at-will |              |  |  |  |
| agreement supersedes and precludes the existence of any contrary agreements, expressed or implied.   |              |  |  |  |
| I understand and agree that if hired, upon termination of my employment I will promptly return all property  |              |  |  |  |
| belonging to Diablo Burger, including but not limited to keys, computer equipment and credit cards.  | Initials     |  |  |  |
| Should a search of public records (including records documenting an arrest, indictment, conviction, Initials   | IIIIIIais    |  |  |  |
| civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the  |              |  |  |  |
| Company, I am entitled to copies of any such public records obtained by the Company unless I mark the  |              |  |  |  |
| check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records  |              |  |  |  |
| even though I have checked the box below.  |              |  |  |  |
| I waive receipt of a copy of any public record described in the paragraph above.   |              |  |  |  |
| T waive receipt of a copy of any public receive accombed in the paragraph above.   | Initials     |  |  |  |
|  | Initialo     |  |  |  |
|  |              |  |  |  |
|  |              |  |  |  |
| Applicant's Signature Date   |              |  |  |  |
| Applicant o dignataro  |              |  |  |  |