



# APPLICATION FOR EMPLOYMENT

*An Equal Opportunity Employer*

This application will remain current for 90 days. Please reapply thereafter.

## PERSONAL INFORMATION

Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
           last                    first                    middle

Present Address \_\_\_\_\_  
   street                                    city                                    state                                    zip code

Former Address \_\_\_\_\_  
   street                                    city                                    state                                    zip code

Citizen of U.S.A.    Yes \_\_\_ No \_\_\_                    Have you attained the age of 18?    Yes \_\_\_ No \_\_\_

If related to anyone in our employ, state name and department or unit: \_\_\_\_\_ Referred by: \_\_\_\_\_

## EMPLOYMENT DESIRED

Full Time \_\_\_\_\_

Date you can start \_\_\_\_\_

Position \_\_\_\_\_ Part Time \_\_\_\_\_

Are you Employed Now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_ Salary Desired \_\_\_\_\_

Do you agree to work any shift to which you are assigned? \_\_\_\_\_

Will you work nights, Saturdays, Sundays, or holidays when assigned? \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

EDUCATION	Name and Location of School	Years Attended	Date Graduated	Subjects Studied
High School				
College				

What method of transportation will you use to get to work? \_\_\_\_\_

Type of driver's license? \_\_\_\_\_ State \_\_\_\_\_

Operator's license number \_\_\_\_\_

U.S. Military Service \_\_\_\_\_ Rank \_\_\_\_\_ Present membership in National Guard or Reserve \_\_\_\_\_

Have you worked at YaYa's previously? \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

Please provide hours of desired work

SUN	MON	TUE	WED	THU	FRI	SAT

\* The Age Discrimination In Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

LAST

FIRST

MIDDLE

**PREVIOUS WORK EXPERIENCE**

DATE, MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER	RATE PER HOUR/WEEKLY	POSITION	SUPERVISOR'S NAME	REASON FOR LEAVING
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						

**REFERENCES:** Give below the names of two persons not related to you, whom you have known at least one year.

	Name	Address	Business	Years Acquainted
1	_____			
2	_____			

Are you not capable of performing any job function because of a physical, medical or mental disability or impairment? Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with the policies of YaYa's Flame Broiled Chicken. I authorize the references 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 all parties from all liability for any damage that may result from furnishing to you. In consideration of my employment, I agree to conform to the rules and regulations of the Company and its subsidiaries and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company, its subsidiaries or myself. I understand that no store manager, officer or other representative of the Company or its subsidiaries, other than the Chairman of the Board or the President of the Company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_