



# EMPLOYMENT APPLICATION

(EQUAL OPPORTUNITY EMPLOYER)

The following information is requested in order to help us make the best possible placement within the company. All portions of this application pertaining to you must be completed. We appreciate the time you spent in filling in this application form. Charlie's Chicken, in accordance with state and federal law, does not discriminate on the basis of age, religion, color, sex, national origin, marital status, physical or mental handicaps.

## PERSONAL INFORMATION (Please print plainly)

(NAME) LAST		FIRST	MIDDLE	DATE	
(ADDRESS)	STREET	APT#	CITY	STATE	ZIP
SOCIAL SECURITY NO			Age (if under 18)	TELEPHONE NO (HOME)	CELL NO

## EMPLOYMENT DESIRED

POSITION	Full Time	Part Time	DATE YOU CAN START	ARE YOU EMPLOYED NOW?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
					SALARY DESIRED	
HAVE YOU EVER APPLIED FOR A JOB WITH CHARLIE'S CHICKEN BEFORE?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, WHERE?	
WHEN?						
Are you legally authorized to work in the US?			<input type="checkbox"/> YES	<input type="checkbox"/> NO		
DO YOU OWN A CAR?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF NO, WHAT IS TRANSPORTATION TO AND FROM WORK?	
DO YOU USE TOBACCO?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	WOULD YOU SUBMIT TO A POLYGRAPH TEST?	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO		

HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY BEFORE A COURT OF ANY FEDERAL, STATE OR MUNICIPAL CRIMINAL OFFENSES, EXCLUDING MINOR TRAFFIC VIOLATIONS?  YES  NO

## WORK HISTORY (List former employers, starting with the most recent)

EMPLOYER'S NAME Address & Phone No.	From Mo/Yr	To Mo/Yr	DESCRIPTION OF WORK	SALARY	REASON FOR LEAVING

UNITED STATES MILITARY SERVICE?  Yes  No Branch?

## EDUCATION

NAME OF SCHOOL	CITY, STATE	YEARS ATTENDED

<b>PHYSICAL RECORD</b>	LIST ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING TASKS ASSOCIATED WITH THIS JOB			HAVE YOU ANY IMPAIRMENTS IN THE FOLLOWING?		
				HEARING:	VISION:	SPEECH:
				Y N	Y N	Y N

HAVE YOU EVER BEEN INJURED ON THE JOB?  YES  NO IF YES, GIVE DETAILS

IN CASE OF AN EMERGENCY NOTIFY: NAME: ADDRESS: PHONE NO

I have read the APPLICANT PRE-ENROLLMENT STATEMENT on the reverse side of this document and by signing below state that I understand and agree to the terms set forth in the statement on the reverse side.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## APPLICANT'S PRE-EMPLOYMENT STATEMENT

I certify that the information contained in the application is correct to the best of my knowledge, and understand that falsification or omissions in this application in any detail is grounds for disqualification from further consideration or for dismissal from employment. I agree to conform to the rules and regulations of the company, and understand that if hired I will be a "at-will" employee, and that 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 or myself.

I understand this application is good for only sixty (60) days from today's date. If I still desire a position with the company after the expiration of 60 days from the date of this application, it will be my duty to fill out a new application and file it with the company. Otherwise, I understand the company will not consider me for employment after the expiration of 60 days from the date of this application.

I understand that if my application is considered favorably, I will be required to produce verification that I meet the necessary age requirements of the job I applied for and verify I am legally entitled to work in the United States before I begin employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_