



**CLAUDE'S RESTAURANTS**

**EMPLOYMENT APPLICATION**

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

**PERSONAL**

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

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First MI

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

How long have you lived at this address? \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
Area Code

Job 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-----							

How many hours per week would you like to work? \_\_\_\_\_

Have you worked for any restaurant before? Y \_\_\_ N \_\_\_ If yes, When \_\_\_\_\_ Where \_\_\_\_\_

**HOW WOULD YOU 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 here? \_\_\_\_\_

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

In Case of Emergency, Contact \_\_\_\_\_ Phone [ ] \_\_\_\_\_

Do you have transportation to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any relative or friends currently working for Claude's? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

(PLEASE NOTE: ALL ITEMS ON REVERSE MUST BE COMPLETED)



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In the event you are required to use your personal or company automobile to conduct business, please complete the following information:

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 jobs will involve driving need respond. Ask the manager for details.

LIST BELOW, BEGINNING WITH YOUR MOST RECENT, ALL PRESENT & PAST EMPLOYMENT

Name, Address & Phone # of Company & Supervisor's Name	From		To		Last Position Held		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.	Title	Duties			

**PERSONAL REFERENCES (Not former employers or relatives)**

Name and Address	Occupation	Phone Number

**RECORD OF EDUCATION**

School	Name & Address of School	Course of Study	Years Attended From To	Circle Yr. Completed	Did You Graduate?	List Diploma & Grade Avg
High School				1 2 3 4		
Voc. Tech				1 2 3 4		
College				1 2 3 4		
Other						

**BACKGROUND**

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

Have you ever been convicted of any felony?  Yes  No

Have you ever been convicted of any crime, excluding misdemeanors?  Yes  No

Have you ever been convicted of any crime involving violence to another person?  Yes  No

Have you ever been convicted of any crime involving dishonesty?  Yes  No

Are you serving probation for any misdemeanor offense?  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 document 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 \_\_\_\_\_