

Work Experience

COMPANY	ADDRESS	POSITION & DUTIES	SUPERVISOR NAME & PHONE	DATES EMPLOYED	REASON FOR LEAVING
MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No				ENDING WAGE: \$	
MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No				ENDING WAGE: \$	
MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No				ENDING WAGE: \$	
Have you or any of your relatives ever worked for Eli Enterprises Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
RELATIONSHIP	COMPANY	LOCATION (CITY, STATE)		DATES EMPLOYED	

References

LIST THREE SCHOOL, WORK, OR PERSONAL REFERENCES WHO WE MAY CONTACT. DO NOT LIST PEOPLE WHO ARE RELATED TO YOU.				
NAME	TELEPHONE NUMBER	HOW LONG HAVE YOU KNOWN THIS PERSON?	RELATIONSHIP TO YOU	TYPE OF REFERENCE
				<input type="checkbox"/> SCHOOL <input type="checkbox"/> WORK <input type="checkbox"/> PERSONAL
				<input type="checkbox"/> SCHOOL <input type="checkbox"/> WORK <input type="checkbox"/> PERSONAL
				<input type="checkbox"/> SCHOOL <input type="checkbox"/> WORK <input type="checkbox"/> PERSONAL

Applicant's Statements

READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.

- The information I am presenting in this application is complete, true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omissions could result in the denial of my application, withdrawal of any offer of employment, or immediate discharge.
- I understand that in connection with the application process, Eli Enterprises Inc. and its representatives may contact my former employers, educational institutions, references, and other relevant third parties to obtain additional information related to the information given by me in this application. I also understand that The CharHouse may provide such information to its parent company and affiliates and to other third parties. I hereby request, release, and consent to the release and disclosure of such information. I further release and hold harmless Eli Enterprises Inc, The CharHouse's parent company and affiliates, their officers, employees and agents, and any other parties inquiring about, investigating, furnishing, communicating, reviewing, or evaluating such information from any and all potential claims, demands, damages, liabilities, and/or actions of any kind arising from such activities, whether known or unknown to me presently, that I may have, now or in the future.
- If employed, I agree to conform to the rules and regulations of Eli Enterprises Inc. and understand that I will be an employee at-will, and my employment may be terminated at any time by me or Eli Enterprises Inc., with or without notice, for any reason. I understand that only the President of Eli Enterprises Inc. or the Vice President of Human Resources of Eli Enterprises Inc. has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

APPLICANT'S SIGNATURE

DATE



Employment Application

Personal Information

NAME (First, Middle, Last)	OTHER NAME(S) YOU HAVE USED AT WORK OR SCHOOL
PHONE NUMBER	SOCIAL SECURITY NUMBER (Optional)
STREET ADDRESS	CITY, STATE, ZIP CODE
HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS?	PERSON TO CONTACT IN EMERGENCY (Name and Phone Number)

Are you under the age of 18?
If "yes," can you, after employment, show proof of age? Yes No

Can you, after employment, submit certification of your legal right to work in the U.S.? Yes No

Have you ever been counseled or disciplined for being late or absent from work or school? Yes No

The U.S. Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia, and campylobacter, may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves serving food or handling food equipment in a sanitary and healthy fashion. Can you, with or without reasonable accommodation, perform this essential function of this job? Yes No

Have you ever been convicted of a felony, a crime involving dishonesty, or a crime involving violence to another person? Yes No
If yes, please describe, including dates charged, penalties, and current disposition. Note: Convictions are not an automatic disqualification from employment.

Position Requested

<input type="checkbox"/> Team Member: No experience required	<input type="checkbox"/> BAR Tender: Experience required
<input type="checkbox"/> Staff Leader: Food service or retail experience required	<input type="checkbox"/> Host Staff: Guest service or retail experience required
<input type="checkbox"/> Assistant /Manager: Management experience required	<input type="checkbox"/> Server: Experience required

Availability

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
Do you have reliable transportation to get to work? <input type="checkbox"/> Yes <input type="checkbox"/> No						Would you be willing to work at another CharHouse location? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If hired when could you begin work? (Month/Day/Year)						How many hours would you like to work each week?							

Education

NAME	CITY, STATE	# OF YEARS COMPLETED	GPA	DEGREE OR DIPLOMA	CONTACT PERSON DEPARTMENT/PHONE
HIGH SCHOOL					
COLLEGE					
OTHER					

PLEASE LIST ALL JOB-RELATED ORGANIZATIONS, CLUBS, OR ACTIVITIES YOU ARE/WERE INVOLVED IN AT SCHOOL, EXCEPT THOSE THAT INDICATE RACE, RELIGION, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX, OR AGE.