

J. ALEXANDER'S®

EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER M/F

1ST INTERVIEW:	_____	_____
	MGMT. INITIALS	DATE
2ND INTERVIEW:	_____	_____
	MGMT. INITIALS	DATE
VERIFICATION OF REVIEWED ITEMS (MGMT. INITIALS):	_____	_____
	TIP SHARE	ATTIRE

NAME: _____ DATE: _____
FIRST MIDDLE LAST

POSITION DESIRED: _____ DATE AVAILABLE: _____

WHAT HOURS ARE YOU AVAILABLE TO WORK? _____

WHAT IS YOUR SCHOOL SCHEDULE? _____

HOW MUCH MONEY DO YOU NEED TO MAKE PER WEEK? _____

CIRCLE AVAILABILITY: AM - M T W TH F ST S PM - M T W TH F ST S

PERSONAL DATA:

SOCIAL SECURITY NUMBER: _____ PHONE: _____

ADDRESS: _____
STREET CITY STATE ZIP

DRIVER'S LICENSE NUMBER: _____ E-MAIL: _____
STATE EXP. DATE

ARE YOU A U.S. CITIZEN OR OTHERWISE HAVE LEGAL AUTHORIZATION FOR U.S. EMPLOYMENT?

Yes _____ No _____

HAVE YOU PREVIOUSLY APPLIED WITH J. ALEXANDER'S? IF YES, WHEN? _____

ARE YOU PRESENTLY OR HAVE YOU EVER BEEN EMPLOYED BY J. ALEXANDER'S OR STONEY RIVER?
IF YES, WHEN AND WHERE?

DID YOU WORK OUT A TWO WEEK NOTICE? IF NOT, WHY?*

RELATIVES EMPLOYED BY J. ALEXANDER'S: _____

ACQUAINTANCES EMPLOYED BY J. ALEXANDER'S: _____

LIST LAST THREE PREVIOUS ADDRESSES AND HOW LONG YOU LIVED THERE:

_____ STREET CITY STATE ZIP LENGTH

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_____ STREET CITY STATE ZIP LENGTH

EMPLOYMENT RECORD:

LIST ALL EMPLOYMENT, BEGINNING WITH MOST RECENT:

1. _____
NAME, ADDRESS AND PHONE NUMBER OF COMPANY

NAME AND TITLE OF SUPERVISOR

TITLES AND DUTIES

TYPE OF BUSINESS

2. _____

NAME, ADDRESS AND PHONE NUMBER OF COMPANY

NAME AND TITLE OF SUPERVISOR

TITLES AND DUTIES

TYPE OF BUSINESS

3. _____

NAME, ADDRESS AND PHONE NUMBER OF COMPANY

NAME AND TITLE OF SUPERVISOR

TITLES AND DUTIES

TYPE OF BUSINESS

EDUCATION / MILITARY SERVICE:

HIGH SCHOOL	CITY	STATE	# OF YRS.	GRADUATE?
COLLEGE	CITY	STATE	# OF YRS.	GRADUATE?

SPECIAL SCHOOLING, TRAINING OR CORRESPONDENCE COURSES: (OPTIONAL)

WERE YOU EVER IN THE MILITARY? YES _____ NO _____

DATE OF INDUCTION/ENLISTMENT: _____ DISCHARGE DATE: _____

BRANCH: _____ RANK ATTAINED: _____

I AUTHORIZE FULL INVESTIGATION OF THIS APPLICATION AND GIVE MY PERMISSION FOR YOU TO CONTACT MY REFERENCES, PREVIOUS EMPLOYERS AND SCHOOLS ATTENDED AS LISTED ON THIS APPLICATION.

I AGREE THAT MY EMPLOYMENT WITH THIS COMPANY SHALL BE PROBATIONARY FOR A PERIOD OF NINETY (90) DAYS. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT, BOTH BEFORE AND AFTER THE PROBATIONARY PERIOD, IS "AT WILL" MEANING THAT I CAN QUIT OR THE COMPANY CAN DISCHARGE ME FOR ANY REASON, AS LONG AS SUCH REASON IS NOT UNLAWFUL. NOTHING IN THIS APPLICATION IS INTENDED IN ANYWAY TO CREATE A CONTRACT OF EMPLOYMENT.

I ALSO AGREE THAT ANY MISSTATEMENT OR OMISSION OF ANY INFORMATION IN THIS APPLICATION SHALL BE VALID REASON FOR REJECTION OF THIS APPLICATION OR DISCHARGE AFTER EMPLOYMENT.

IN THE EVENT I AM EMPLOYED, I AGREE TO ACCEPT THE EMPLOYMENT CONDITIONS OF THE COMPANY, NOW EXISTING, OR ESTABLISHED IN THE FUTURE, INCLUDING TRANSFER FROM ONE LOCATION TO ANOTHER WHEN DIRECTED BY THE COMPANY.

NO QUESTION ON THIS APPLICATION IS ASKED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANT FOR EMPLOYMENT BECAUSE OF ANY REASON PROHIBITED BY FEDERAL, STATE OR LOCAL LAW. HIRING DECISIONS ARE BASED ENTIRELY ON KNOWLEDGE, SKILLS AND ABILITY TO PERFORM THE JOB. QUALIFIED APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY, AGE OR MILITARY SERVICE.

SIGNED _____

THIS APPLICATION MUST BE RETAINED FOR 12 MONTHS FROM THE DATE OF SUBMITTAL.

FOR OFFICE USE ONLY:

1 2 3 4 5 6 7 _____