



**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: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE: \_\_\_\_\_

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 REDLANDS? IF YES, WHEN? \_\_\_\_\_

ARE YOU PRESENTLY OR HAVE YOU EVER BEEN EMPLOYED A RESTAURANT OWNED BY J. ALEXANDER'S HOLDINGS?

IF YES, WHEN AND WHERE?  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

RELATIVES EMPLOYED BY REDLANDS GRILL: \_\_\_\_\_

ACQUAINTANCES EMPLOYED BY REDLANDS GRILL: \_\_\_\_\_

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

STREET CITY STATE ZIP LENGTH

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**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 \_\_\_\_\_