

STONEY RIVER®

STEAKHOUSE AND GRILL

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 STONEY RIVER? 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 STONEY RIVER: _____

ACQUAINTANCES EMPLOYED BY STONEY RIVER: _____

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

STREET CITY STATE ZIP LENGTH

STREET CITY STATE ZIP LENGTH

STREET CITY STATE ZIP LENGTH

* NO REHIRE IS EFFECTIVE UNTIL APPROVED BY CORPORATE HUMAN RESOURCES.

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 _____



WOTC Pre-Screening Notice (PSN)

Applicant Name: _____

Our company is participating in the Work Opportunity Tax Credit (WOTC) program. This program is designed by the federal government to help companies with federal incentives for hiring and retaining individuals from certain targeted groups into the workforce. We have hired an independent tax consulting firm, Ernst & Young, to administer our participation in the WOTC program.

Your preliminary response to the IRS Form 8850 questions below will help determine if we qualify for this program. Completion is voluntary and is very much appreciated. Any information you provide will be kept confidential and will not negatively affect your job, wages, or taxes. Thank you in advance for your time and participation.

In order to determine if we potentially qualify for this program, please check the box, at your discretion, if any of the statements below apply to you.

One or more of these statements apply.

-
- ▶ I received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
 - ▶ If **any** of the following statements apply to you.
 - ▶ I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - ▶ I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - ▶ I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veteran Affairs.
 - ▶ I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - ▶ During the past year, I was convicted of a felony or released from prison for a felony.
 - ▶ I received supplement security income (SSI) benefits for any month ending during the past 60 days.
 - ▶ I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
 - ▶ I am a veteran and was unemployed for a period or periods totaling at least 6 months during the past year.
 - ▶ I am a veteran entitled to compensation for a service-connected disability and I was discharged or released from active duty in the U.S. Armed Forces during the past year.
 - ▶ I am a veteran entitled to compensation for a service-connected disability and I was unemployed for a period or periods totaling at least 6 months during the past year.
 - ▶ I am a member of a family that:
 - ▶ Received TANF payments for at least the past 18 months, **or**
 - ▶ Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - ▶ Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
 - ▶ I have been unemployed at least 27 consecutive weeks and for all or part of that period I received unemployment compensation.
-