

Dogs 'R' Us Grill  
 7025 N Hwy US 1  
 Port St. John, FL 32927  
 321-638-0619

**APPLICATION FOR EMPLOYMENT**

**An Equal Opportunity Employer  
 (Valid for only 90 days)**

*The Company reviews applications and employs persons without regard to race, creed, color, sex, religion, age, national origin, physical or mental disability, marital status, veterans' status, citizenship status or any other category protected by local state or federal law. In addition, the company makes reasonable accommodation to the needs of disabled applicants and employees, so long as this does not create an undue hardship on the Company or threaten the health or safety of others at work. If you need assistance in completing this application, let us know and we will provide assistance. The receipt of this application does not mean that job openings exist at our Company and does not obligate the Company in any way. We appreciate your interest in our Company*

**Please answer all questions. Resumes are not accepted in lieu of completion of this application.**

**Note: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.**

|  |              |               |                               |             |
|--|--------------|---------------|-------------------------------|-------------|
| <b>Last Name (Please Print)</b>                              | <b>First</b> | <b>Middle</b> | <b>Social Security Number</b> | <b>Date</b> |
| Present Address: Street City/State Zip Code Telephone Number |              |               |                               |             |

Do you have legal rights to work in this country?  Yes  No

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No If **Yes**, give dates and explain (attach separate paper if necessary.) A conviction will not disqualify you from employment.

Are you at or over 18 years of age?  Yes  No Position applying for: \_\_\_\_\_

**EDUCATIONAL DATA**

| School      | Print Name, Number and Street, City, State and Zip Code for each School | # of Yrs Completed | Degree | Major Course of Study |
|-------------|---|--------------------|--------|-----------------------|
| High School |   |                    |        |                       |
|             |   |                    |        |                       |
| College     |   |                    |        |                       |
|             |   |                    |        |                       |
| Other       |   |                    |        |                       |
|             |   |                    |        |                       |

**Other Skills:** List other job related skills or qualifications that support your application:

**Honors Received:**

Have you had prior educational experience that relates to the job for which you are applying?  Yes  No  
 If **Yes**, describe:

Are you a veteran of the U.S. Military Service?  Yes  No If **Yes**, What branch of Service? \_\_\_\_\_

If **Yes**, beginning and ending date of active duty: from: (mm/yy) \_\_\_\_/\_\_\_\_ to: (mm/yy) \_\_\_\_/\_\_\_\_

Date of Discharge from Military Service: \_\_\_\_\_

Have you ever been dismissed or forced to resign from any employment? \_\_\_ Yes \_\_\_ No If Yes, please explain:

Are you now employed? \_\_\_ Yes \_\_\_ No Are you on layoff? \_\_\_ Yes \_\_\_ No Are you subject to recall? \_\_\_ Yes \_\_\_ No

May we contact your present employer? \_\_\_ Yes \_\_\_ No Previous Employers? \_\_\_ Yes \_\_\_ No

Please identify any exceptions and reasons for not contacting prior employers:

Are there any hours, shifts or days you will not work? \_\_\_ Yes \_\_\_ No If Yes, explain:

Total hours available per week \_\_\_\_\_ Date available to start \_\_\_\_\_

Detailed Availability (indicate hours available each day):

|      | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------|--------|---------|-----------|----------|--------|----------|--------|
| From |        |         |           |          |        |          |        |
| To   |        |         |           |          |        |          |        |

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### CHARACTER REFERENCES

List three persons not related to you, whom you have known at least one year:

|    | NAME  | ADDRESS AND TELEPHONE | OCCUPATION |
|----|-------|-----------------------|------------|
| 1. | _____ | _____                 | _____      |
| 2. | _____ | _____                 | _____      |
| 3. | _____ | _____                 | _____      |

List below any information or remarks that you wish to have considered as a part of your application for employment:

Have you ever filed an application here before? \_\_\_ Yes \_\_\_ No If Yes, give date: \_\_\_\_\_

Have you ever been employed here before? \_\_\_ Yes \_\_\_ No If Yes, give date: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

ALL FORMER JOBS (List most recent job first.) Account for all time periods including unemployment, self-employment and military service. (Attach separate paper(s), if necessary.)

|                    |                                       |                      |
|--------------------|---------------------------------------|----------------------|
| Employer           | Date Employed (From / To)             | Immediate Supervisor |
| Address            |                                       |                      |
| Job Title          | Hourly Rate/Salary (Starting / Final) | Telephone Number     |
| Work Performed     |                                       |                      |
| Reason For Leaving |                                       |                      |

|                    |                                       |                      |
|--------------------|---------------------------------------|----------------------|
| Employer           | Date Employed (From / To)             | Immediate Supervisor |
| Address            |                                       |                      |
| Job Title          | Hourly Rate/Salary (Starting / Final) | Telephone Number     |
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| Reason For Leaving |                                       |                      |

|                    |                                       |                      |
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| Address            |                                       |                      |
| Job Title          | Hourly Rate/Salary (Starting / Final) | Telephone Number     |
| Work Performed     |                                       |                      |
| Reason For Leaving |                                       |                      |

**APPLICANT'S STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Employment at the Company is on an "at-will" basis. I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between the Employer and me.

The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except it Senior Management, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

We reserve the right to require a drug screen of any applicant or employee, whenever, in the opinion of management, this is necessary.

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_