Cattle Baron Restaurants, Inc.



First

Last Name

Street Address





Date

Home Telephone

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination on any basis; as in race, age, color, religion, sex, national origin, marital status, sexual orientation, medical condition, handicap, or any other protected status.

PERSONAL

How long there?

Middle

City, State, Zip		Emergency Contact Name
Have you ever applied for employment with us or been employed with us? □Yes □No If yes, Month/Year Where		Emergency Contact Telephone
Are you legally eligible for employment in the United States? □Yes	□No	Pay Expected \$
Position Desired and any other acceptable position		When will you be available to begin work?
If you are applying for a "service" position, are you of legal age to serve alcoho	ol? □Yes □No	Do you need to give notice to your current
Do you have friends/relatives working for Cattle Baron Inc.? ☐Yes ☐No		employer? □Yes □No
If yes; please state name(s)		What days days are fants word?
Do you have transportation to and from work? □Yes □No		What days do you prefer to work?
If no; how will you get to work?		
Are you restricted to working certain hours or days? □Yes □No	If yes:	Do you have a Food Handlers Permit?
	·	Do you have an Alcohol Certification?
Did you graduate from High School? □Yes □No □ GED	ER EXPERIE	INCE
INSTITUTIONS OF HIGHER EDUCATION:		
Name of School :	Years Attended:	From: To:
Field of Study:	Did you graduate?	□Yes □No
Name of School :	Years Attended:	From: To:
Field of Study:	Did you graduate?	□Yes □No
List any special skills or experience that you feel should be considered for emp	oloyment:	
List any extra curricular activities (excluding activities relating to religion, nation	nal origin or gender)	
	· · · · · · · · · · · · · · · · · · ·	
List any military experience if applicable:		

EMPLOYMENT EXPERIENCE

Name and location of last employer:	Name of Supervisor:	Starting Wage:	Ending Wage:
Reason for leaving:	Position Held:	Starting Date:	Ending Date:
Name and location of previous employer:	Name of Supervisor:	Starting Wage:	Ending Wage:
Reason for leaving:	Position Held:	Starting Date:	Ending Date:
Name and location of previous employer:	Name of Supervisor:	Starting Wage:	Ending Wage:
Reason for leaving	Position Held:	Starting Date:	Ending Date:
Please explain any gaps in your employment history:	<u> </u>		
May we contact your former employers? □Yes □No If no	o; please explain:		
Have you ever been terminated or asked to resign from a job?	□Yes □No If yes; please	explain:	
Briefly explain why you should be considered for employment.			
By signing this application for employment, I certify that pletely answered all questions. I understand that falsi when such falsification is discovered. I also authorize application.	fication of any information	is grounds for immedia	ate dismissal, regardless o
It is the policy of Cattle Baron Restaurants, Inc. to have result in denial of employment. Additionally, upon emplopartial disabilities and/or impairments.			
It is also the policy of Cattle Baron Restaurants, Inc. to United States. All potential employees will asked to verify			y authorized to work in the
Applicant Signature		Date	

Complete Application and Email to debra.lacey@cattlebaron.com