

Bricks Café

Application for Employment

An Equal Opportunity Employer

Please Note: This employment application will become void and not considered after 30 days from the date of application. After the 30 day period, it will be necessary to submit a new application to be considered for employment.

Please respond to all questions and do not leave any response space blank. If you do not believe that a response is applicable, put "not applicable" in the blank. Use additional paper to respond if necessary.

Personal

Full Name: _____
Last First Middle

Home Telephone: _____ Social Security Number: _____

Do you have a valid Driver's License? Yes _____ No _____ Driver's License Number _____ State _____

Current Home Address: _____
Number Street City State

_____ How Long have you lived at this address? _____
Zip Code

Please list each job position for which you request consideration. _____

Do you have friends or relatives presently or formerly employed by this company? Yes _____ No _____

If yes, please identify by name and relationship _____

Have you previously applied for employment with or worked for this company? Yes _____ No _____

If yes, please identify the date of employment or application _____

Who referred you to this company? _____

Are you presently authorized to work in the United States on a full-time basis? Yes _____ No _____

Do you have access to reliable transportation to work? Yes _____ No _____

What is the minimum monthly salary or hourly wage which you would accept? _____ per _____

Have you ever been convicted of a crime? (Conviction of a crime is not an absolute bar to employment. All relevant circumstances will be considered.) Yes _____ No _____ If yes, please state the nature of the offense, date and place of

conviction, and sentence. _____

When are you available to start work? _____

Are there any restrictions or limitations on your ability to work overtime, irregular hours or weekends? Yes _____ No _____

If yes, please describe the restriction or limitation. _____

Do you currently take illegal drugs or substances other than drugs or substances prescribed by your doctor? Yes _____ No _____
Note: A negative result on a screen for illegal drugs is a condition of employment with this company.

Please identify up to 3 personal references (other than job references):

Name Address Phone

Employment History

List your present job first, or most recent job if you are now un-employed, and then all others in reverse chronological order. List all former Employment. Additional Sheets are available if needed.

Employer #1

Name: _____ Telephone Number _____

Address: _____

Your job title: _____ Last rate of pay _____

Your Supervisor's name _____ Date of Hire _____ Date of Termination _____

Reason for Leaving: _____

_____ How many days did you work after giving notice? _____

Were you ever disciplined, warned, or counseled about your job performance, attendance or any other work related matter by this employer? Yes _____ No _____ If yes, Please explain the circumstances _____

Employer #2

Name: _____ Telephone Number _____

Address: _____

Your job title: _____ Last rate of pay _____

Your Supervisor's name _____ Date of Hire _____ Date of Termination _____

Reason for Leaving: _____

_____ How many days did you work after giving notice? _____

Were you ever disciplined, warned, or counseled about your job performance, attendance or any other work related matter by this employer? Yes _____ No _____ If yes, Please explain the circumstances _____

Employer #3

Name: _____ Telephone Number _____

Address: _____

Your job title: _____ Last rate of pay _____

Your Supervisor's name _____ Date of Hire _____ Date of Termination _____

Reason for Leaving: _____

_____ How many days did you work after giving notice? _____

Were you ever disciplined, warned, or counseled about your job performance, attendance or any other work related matter by this employer? Yes _____ No _____ If yes, Please explain the circumstances _____

Have you ever been discharged from any job? Yes _____ No _____ If yes, please identify the employer, date of discharge and explain the circumstances. _____

Please account for all periods of un-employment (of four weeks or more since you left high school) by noting the dates of un-employment and what you were doing during that time. _____

Education

High School Name: _____ City: _____ State: _____

Years completed (Circle): 1 2 3 4 Did you graduate? Yes _____ No: _____

Year last attended _____

College/ University/ Technical or Vocational School Name: _____

City: _____ State: _____

Years completed (Circle): 1 2 3 4 Did you graduate? Yes _____ No: _____

Year last attended _____ Course of Study: _____

If you did not graduate why did you leave? _____

Are you planning any further studies? Yes _____ No _____ if yes, when, where and what courses? _____

Would you be a full time _____ or part time _____ student?

Please describe below any additional education, training or qualifications which you possess which you believe may assist the company in evaluating your application: _____

Please read carefully

I certify that the answers which I have given to the foregoing questions and statements are true and complete to the best of my knowledge, and that I have withheld no information or other response that would, if disclosed, affect this application unfavorably. I authorize Bricks Café Inc. to obtain from any person or organization with which or with whom I have been employed or associated, or who may otherwise have information concerning me, (whether listed in this application or not.) any information they may have regarding my employment, job performance, attendance, safety, character, and other qualifications, whether or not it is in their records. I hereby release the company and any and all such individuals, employers, and corporations contacted from any and all liability for any damage flowing from the disclosure of this information and the company's action thereon. I understand that any misleading or incorrect statements or responses may render this application void and , if employed, may result in my immediate termination regardless of the point in time at which the misleading or incorrect statement or response was discovered.

I agree to submit myself, upon request by the company, to a physical examination by a physician designated by the company and to testing for the presence of alcohol and other drugs or substances by a physician or laboratory designated by the company. I understand and agree that any positive test result, or the refusal to submit to such testing, may result in disciplinary action up to and including immediate termination of employment. I acknowledge that the company reserves the right to inspect all packages, cases, clothing, desks, and work spaces or any other item carried on or off of the company's premises, and I understand that cooperation with such inspections would be a condition of continued employment.

I further acknowledge and understand that, if I am employed, the company has the unilateral right, at any time and for any reason, to make changes in all employment policies, instructions and procedures with or without notice. I further understand and agree my employment is not for any specific term or period of time, and that the company may take any action concerning my employment, including termination, with or without cause, with or without notice, and without further obligation to me, at the sole and absolute discretion and will of the company.

I understand that this application for employment will not be considered after 30 calendar days from the date set forth below.

Name _____

Date of Application: _____