

What scholastic honors did you receive? _____

WORK HISTORY

GIVE PRESENT OR MOST RECENT POSITION FIRST

FIRM	PERIOD	POSITION HELD AND MAJOR DUTIES	IMMEDIATE SUPERVISOR & TITLE	REASON FOR LEAVING
Name:	From:			
Street:	To:			
City/State:	Weekly or Hourly Rate of Pay*			
Type of Business: Phone:				
Name:	From:			
Street:	To:			
City/State:	Weekly or Hourly Rate of Pay*			
Type of Business: Phone:				
Name:	From:			
Street:	To:			
City/State:	Weekly or Hourly Rate of Pay*			
Type of Business: Phone:				

*Applicant need not answer. Leaving these areas blank will have no bearing on consideration for employment.

Have you ever been disciplined for absenteeism or tardiness? Yes No

Do we have permission to check all information? Yes No Can we contact your current employer? Yes No

What other special qualifications have you not listed above? _____

Briefly state why you would like to work with our company: _____

SUMMARY

I hereby authorize the potential employer to contact, obtain and verify the accuracy of the information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. I understand employment with TWC Drive-In LLC, is employment-at-will.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I understand this company will not tolerate any acts of violence or sexual harassment or discrimination of any kind. Such acts will lead to disciplinary action, up to and including immediate termination.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signed: _____ Date: _____

This employment application will become inactive after 90 days. If you wish to be considered after that time, you must complete a new application.