

# Cattle Baron Restaurants, Inc.



## 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

Last Name		First	Middle	Date
Street Address		How long there?		Home Telephone ( )
City, State, Zip				Emergency Contact
Have you ever applied for employment with us or been employed with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month/Year _____ Where _____				Emergency Contact Telephone ( )
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> 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 alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you need to give notice to a current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have friends/relatives working for Cattle Baron Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes; please state name(s) _____				Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have you have transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No If no; how will you get to work? _____				What days do you prefer to work?
Are you restricted to working certain hours or days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____				

### EDUCATION & OTHER EXPERIENCE

Did you graduate from High School? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED			
<b>INSTITUTIONS OF HIGHER EDUCATION:</b>			
Name of School :		Years Attended:	From: To:
Field of Study:		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of School :		Years Attended:	From: To:
Field of Study:		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List any special skills or experience that you feel should be considered for employment: _____			
List any extra curricular activities (excluding activities relating to religion, national origin or gender) _____			
List any military experience if applicable: _____			