

EMPLOYMENT APPLICATION



Izzy's Franchise Systems, LLC
(541) 926-8693 ext. 227
PO Box 1689
Albany OR 97321

PERSONAL INFORMATION

Today's Date:

Last Name: First Name: Middle Name:

Home Phone: Cell Phone:

Present Address: Street City State Zip

Permanent Address: Street City State Zip

Are you over 18 years of age? YES NO

Will visa or immigration status prevent lawful employment? YES NO

EMPLOYMENT DESIRED

Job Desired: Wages Desired:

Day Full Time Summer (From) (Until)?

Night Part Time Temporary (From) (Until)?

Are you now employed? YES NO May we inquire of your present employer? YES NO

Have you ever applied to this company before? YES NO If yes, when?

When can you start working here?

Please fill in days and times you are NOT available to work.

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Names of friends or relatives employed at this company:

I was referred to this company by:

Special Questions

Do you have a valid food handlers card? YES NO

If you are over 18 and applying for a serving or management position, do you have a valid OLCC service permit? YES NO

Have you ever been denied or had an OLCC Permit suspended or revoked? YES NO

If so, give an explanation:

Note: If an employment offer is made, that offer may be contingent on your satisfactory completion of a medical examination.

REFERENCES

Give below the names of three people not related to you, whom you have known at least 1 year

| Name | Address | Business | Phone |
|------|----------------------|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Continued

EDUCATION

| Name & Location | Years Attended | Did You Graduate? | | Course of Study |
|-----------------|----------------|-------------------|----|-----------------|
| HIGH SCHOOL | | YES | NO | |
| COLLEGE | | YES | NO | |
| OTHER | | YES | NO | |
| OTHER | | YES | NO | |

WORK HISTORY

| LIST MOST RECENT JOBS FIRST | REASONS FOR LEAVING | DATES EMPLOYED |
|---|---------------------|---|
| Employer _____ Address _____ Phone _____ Your Job _____ | | From _____ To _____ Rate \$ _____ |
| Employer _____ Address _____ Phone _____ Your Job _____ | | From _____ To _____ Rate \$ _____ |
| Employer _____ Address _____ Phone _____ Your Job _____ | | From _____ To _____ Rate \$ _____ |
| Employer _____ Address _____ Phone _____ Your Job _____ | | From _____ To _____ Rate \$ _____ |

SKILLS Describe the skills you have, related to the position you are seeking. Include skills in the operation of equipment and machinery, if applicable.

Please read the following statements carefully before signing this application. Only those applications that are completed in full, signed, and dated are considered valid. If you have any questions regarding this statement, please ask them before signing.

I certify that all answers or statements I have made on this application or on my resume or other supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment, regardless of when or how discovered.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application and authorize any of the persons or organizations referenced in this application to provide the company complete information and records concerning any of the subjects covered by this application.

Signature of applicant

Date

PLEASE DO NOT WRITE BELOW THIS LINE

Interview Date: Interviewed By:

Comments:

Has the applicant ever been convicted of a felony? YES NO

Verified by: