

# Employment Application

## MOO MOO'S BURGER BARN

In compliance with Federal and State equal employment opportunity laws, it is this company's intention to consider all applicants without regard to race, color, religion, sex, national origin, marital status, disability, the presence of non-job related medical conditions or any other protected classification.

*PLEASE COMPLETE ENTIRE APPLICATION AND PRINT CLEARLY*

### PERSONAL INFORMATION

Last Four Numbers of Social Security #: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Name (First, Middle, Last): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you 16 years of age or older? Yes  No  (Moo Moo's is required to comply with federal, state or provincial law.)

Are you authorized to work in the United States? Yes  No  (Proof of citizenship or immigration status will be required.)

### EMPLOYMENT DESIRED

Today's Date: \_\_\_\_\_

Application for position as: \_\_\_\_\_

Desired Location: \_\_\_\_\_

Date able to start: \_\_\_\_\_

Pay Desired: \_\_\_\_\_

Are you available for full-time work? Yes  No

If not, what hours can you work? \_\_\_\_\_

Specify the hours you can work for each day of the week. (The availability of hours may vary.)

Mon	Tue	Wed	Thu	Fri	Sat	Sun

High School attended: \_\_\_\_\_ Did you graduate? Yes  No

College attended: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Major/Minor: \_\_\_\_\_ Did you graduate? Yes  No

Will you abide by the safety rules of this company? Yes  No

Do you have a relative working for Moo Moo's? Yes  No  If so, what is his/her position? \_\_\_\_\_

Please list any special abilities or knowledge that you have that are related to the job for which you are applying.

(Please do not list those items that are related to race, sex, religion, color, national origin, age, marital status, disability or non-job related medical conditions):

In addition to the work experience described in this application, what other experiences, skills or abilities do you have that should be considered in evaluating your qualifications for this job?

**EMPLOYMENT EXPERIENCE** (start with the most recent)

1. Name of Company: \_\_\_\_\_ Dates of employment \_\_\_\_\_  
 Name of Supervisor \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_
2. Name of Company: \_\_\_\_\_ Dates of employment: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_
3. Name of Company: \_\_\_\_\_ Dates of employment: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**REFERRAL SOURCE:**

- Advertisement     
  Employee     
  Relative     
  Government Employment Agency  
 Walk-in     
  Other

**REFERENCES**

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Years known: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Years known: \_\_\_\_\_

**GENERAL INFORMATION**

In case of emergency, please notify:

Name	Address	Phone #

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW**

I declare that I am qualified to perform all the duties of the position I am seeking. I also declare that the information I have provided on this application is correct and that any false statements or omissions will justify my rejection or dismissal and, in the event I become employed, may result in the termination of my employment if discovered at a later date.. I authorize the company to contact any of my previous employers as well as any reference source to verify the facts and information I have furnished regarding my qualifications and character. I authorize any person(s) having knowledge to provide such information to the company, and release from liability and agree to hold harmless any person that furnishes such information in good faith. I will agree to a drug test, if permitted by law, to be paid for by the company. Should I become involved in a claim for worker’s compensation or any other litigation after employment by the company, I will allow the company to supply my employment records to an opposing party. If employed by the company, I understand that I will be an employee at will and that my employment with Rocklin Moo Moo’s LP, or any of its subsidiaries or affiliates (collectively, “Moo Moo’s”), may be terminated at anytime by myself or Moo Moo’s for any reason whatsoever. Should Moo Moo’s employ me, I also authorize Moo Moo’s to conduct any additional background checks should they become necessary at any point during my employment. I also understand that the terms of my employment shall be based on all provisions described in the Moo Moo’s Employee Handbook, which may be periodically amended. I further understand that if employed by Moo Moo’s, no representative of Moo Moo’s, other than the Managing Member, has any authority to modify or change my status as an employee at will and that any such modification must be in writing signed by the Managing Member. Finally, I understand that this is only an application for employment and is neither an offer of nor a contract of employment and no part of this application shall be construed as an offer of employment or an employment contract.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_