

HOGGY'S RESTAURANT & CATERING APPLICATION FOR EMPLOYMENT

The following information is requested to help us make the best possible placement of employees within the company. Complete all portions of this application pertaining to you. We appreciate the time you spend completing this application. Hoggy's Restaurants, in accordance with state and federal laws, does not discriminate on the basis of age, race, color, sex, national origin, ancestry, mental or physical disability, veteran status, citizenship or any other characteristic protected by law. Please do not list any information that would identify any of such protected characteristics.

PLEASE PRINT!

NAME (Last)	(First)	(Middle)
ADDRESS (Street)	(City)	(Zip)
PHONE (Home)	(Message Phone)	

***SOCIAL SECURITY #:** _____

Position you are applying for: _____

Known physical defects which could affect your ability to perform position being applied for: _____

If hired, can you show proof of legal authorization to work in the United States? _____ Yes _____ No

Are you at least 18 years of age? _____ Yes _____ No

If under 18 years of age, can you produce a work permit upon hire? _____ Yes _____ No

Have you been convicted of a felony as an adult within the last 7 years? _____ Yes _____ No

(Conviction will not necessarily disqualify you from employment.)

If yes, please explain:

If you are hired, when can you begin work? _____

Compensation or hourly wage expected? _____

Please indicate below the days and hours you are available to work:

Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Name and Phone # of Person to be notified for an Emergency: _____

EMPLOYMENT HISTORY
(Start with most recent employer)

Employer's Name, Address & Phone #: May we contact this employer: Yes/No	<u>Dates Employed:</u> (Month/Year) From: _____ To: _____ <u>Compensation:</u> Starting: \$ _____ Final: \$ _____	<u>Position Held:</u> _____ <u>Name & Title of Supervisor:</u> _____ <u>Reason For Leaving:</u>
Employer's Name, Address & Phone #: May we contact this employer: Yes/No	<u>Dates Employed:</u> (Month/Year) From: _____ To: _____ <u>Compensation:</u> Starting: \$ _____ Final: \$ _____	<u>Position Held:</u> _____ <u>Name & Title of Supervisor:</u> _____ <u>Reason For Leaving:</u>
Employer's Name, Address & Phone #: May we contact this employer: Yes/No	<u>Dates Employed:</u> (Month/Year) From: _____ To: _____ <u>Compensation:</u> Starting: \$ _____ Final: \$ _____	<u>Position Held:</u> _____ <u>Name & Title of Supervisor:</u> _____ <u>Reason For Leaving:</u>

SCHOOLS	Print Name, Number and Street, City, State and Zip Code for each School Listing:	
HIGH SCHOOL		
COLLEGE/ TECHNICAL SCHOOL		Major:

The information I am presenting in this application is true and correct to the best of my knowledge, and I understand that any falsification or misrepresentation herein, whenever discovered, could result in my discharge in the event I am employed by Hoggy's. I agree to conform to the rules and regulations of Hoggy's and that my employment and compensation can be terminated with or without notice at any time at the option of either Hoggy's or myself, that no one other than an elected officer or partner of Hoggy's is authorized to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I authorize Hoggy's or its representatives to contact all former employers and to further inquire as to any information given by me on this application.

Applicant's Signature: _____ **Date:** _____

Hoggy's is an equal opportunity employer and does not hire on the basis of race, creed, color, national origin, ancestry, age, sex or physical or mental handicaps.