



Dougherty Restaurant Group Application for Employment

ALL APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN, VETERAN STATUS, PHYSICAL OR MENTAL HANDICAP, CIVIL UNION STATUS, GENDER IDENTITY OR EXPRESSION OR OTHER PROTECTED CLASS UNDER STATE OR FEDERAL LAW.

DESIRED LOCATION OF EMPLOYMENT:

- DOCK'S OYSTER HOUSE KNIFE & FORK INN HARRY'S OYSTER BAR
 LINWOOD COUNTRY CLUB DOUGHERTY'S STEAKHOUSE & RAW BAR

TYPE OF WORK/POSITION DESIRED: _____ DATE OF APPLICATION: _____

PERSONAL INFORMATION

PLEASE PRINT IN INK

| | | | |
|--|-----------------------|----------------|--------------------------------------|
| FULL NAME | LAST FIRST MIDDLE | | |
| PRESENT ADDRESS | STREET CITY STATE ZIP | | |
| PHONE # | () - | EMAIL ADDRESS: | WHAT IS THE BEST WAY TO CONTACT YOU? |
| HOW WERE YOU REFERRED TO THIS COMPANY? | | | |
| HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| WHEN? (LIST DATES) _____ | | | |

GENERAL INFORMATION

| | |
|--|---|
| ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YOU ARE UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ARE YOU ELIGIBLE TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, UPON EMPLOYMENT YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES. | |
| HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| IF YES, PLEASE EXPLAIN: | |
| FILL OUT ONLY IF APPLYING FOR A POSITION WHICH REQUIRES A DRIVER'S LICENSE. | |
| DRIVER'S LICENSE NUMBER: | STATE: |

SCHEDULE AVAILABILITY & DESIRED SALARY

| |
|--|
| <input type="checkbox"/> I AM AVAILABLE AND DESIRE TO WORK FULL-TIME (35+ HOURS) <input type="checkbox"/> I AM AVAILABLE AND DESIRE TO WORK PART-TIME (LESS THAN 35 HOURS) AND/OR ON AN "ON CALL" BASIS <input type="checkbox"/> I AM AVAILABLE AND DESIRE TO WORK ON A SEASONAL BASIS <input type="checkbox"/> I AM AVAILABLE TO WORK OVERTIME ON AN AS NEEDED BASIS |
| DATES OR TIMES YOU ARE UNAVAILABLE: |
| NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS. |

| | |
|----------------------|--------------------------|
| WAGE/SALARY EXPECTED | DATE AVAILABLE FOR WORK? |
|----------------------|--------------------------|

EDUCATION

| TYPE | NAME/ADDRESS | YEARS AT | GRADUATED? | SUBJECTS STUDIED |
|-----------------|--------------|----------|--|------------------|
| HIGH SCHOOL | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| COLLEGE | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| TECHNICAL/OTHER | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

EMPLOYMENT HISTORY **BEGIN WITH MOST RECENT/CURRENT EMPLOYER**

| | | | |
|----------|-------------------------------------|--------------------------|--|
| 1 | EMPLOYER | DATES EMPLOYED: FROM: | JOB TITLE AND DESCRIPTION OF DUTIES |
| | TELEPHONE #: | TO: | IMMEDIATE SUPERVISOR NAME & TITLE |
| | ADDRESS: | | TYPE OF BUSINESS |
| | REASON FOR LEAVING (PLEASE EXPLAIN) | | MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2 | EMPLOYER | DATES EMPLOYED: FROM: | JOB TITLE AND DESCRIPTION OF DUTIES |
| | TELEPHONE #: | TO: | IMMEDIATE SUPERVISOR NAME & TITLE |
| | ADDRESS: | | TYPE OF BUSINESS |
| | REASON FOR LEAVING (PLEASE EXPLAIN) | | MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3 | EMPLOYER | DATES EMPLOYED: FROM: | JOB TITLE AND DESCRIPTION OF DUTIES |
| | TELEPHONE #: | TO: | IMMEDIATE SUPERVISOR NAME & TITLE |
| | ADDRESS: | | TYPE OF BUSINESS |
| | REASON FOR LEAVING (PLEASE EXPLAIN) | | MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |

ADDITIONAL EXPERIENCE OR QUALIFICATIONS **PLEASE LIST ANY OTHER EXPERIENCE, SKILLS, OR OTHER QUALIFICATIONS, WHICH ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.**

PERSONAL OR BUSINESS REFERENCES **DO NOT INCLUDE RELATIVES**

| | | | |
|----------|---------|-----------------------|----------------|
| 1 | NAME | PHONE NUMBER () - | RELATIONSHIP |
| | ADDRESS | CITY, STATE | HOW LONG KNOWN |
| 2 | NAME | PHONE NUMBER () - | RELATIONSHIP |
| | ADDRESS | CITY, STATE | HOW LONG KNOWN |

NOTIFICATION & AGREEMENT **PLEASE READ BEFORE SIGNING**

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

THE APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED.

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION INCLUDING BUT NOT LIMITED TO

INQUIRIES RELATED TO MY EDUCATION, RELEVANT LICENSES, PRIOR EMPLOYMENT, CREDIT AND OTHER INFORMATION REQUIRED BY THE COMPANY. I RELEASE FROM ALL LIABILITY ANYONE SUPPLYING SUCH INFORMATION AND I ALSO RELEASE THE EMPLOYER FROM ALL LIABILITY THAT MIGHT RESULT FROM MAKING AN INVESTIGATION.

IF HIRED, I AGREE TO ABIDE BY ALL OF THE COMPANY RULES AND REGULATIONS, AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR ME, I FURTHER UNDERSTAND THAT NO REPRESENTATION, WHETHER ORAL OR WRITTEN BY ANY REPRESENTATIVE OR AGENT OF THE COMPANY, AT ANY TIME, CAN CONSTITUTE A CONTRACT OF EMPLOYMENT.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND HEREBY GRANT PERMISSION TO CONFIRM THE INFORMATION SUPPLIED ON THIS APPLICATION BY ME.

APPLICANT SIGNATURE

DATE