

EMPLOYMENT APPLICATION

Southern Dining Resources, LLC
 P. O. Box 3087
 Tuscaloosa, AL 35403
 Phone: (205)265-1110
 Fax: (205)562-1322



| APPLICANT INFORMATION | | | |
|---|------------------------------|-----------------------------|--|
| Last Name | | First | M.I. Date |
| Street Address | | | Apartment/Unit # |
| City | | State | ZIP |
| Phone | | E-mail Address | |
| Date Available | Social Security No. | | Desired Salary |
| Position Applied for | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain |

| EDUCATION | | | |
|-------------|----|---|--------|
| High School | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

| REFERENCES (MUST HAVE AT LEAST ONE WORK REFERENCE) | |
|--|---------------------------|
| <i>Please list three professional references.</i> | |
| Full Name | Relationship: Employer |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |

| PREVIOUS EMPLOYMENT | | | |
|---|--------------------|--------------------|--|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| MILITARY SERVICE | |
|----------------------------------|-------------------|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

| AVALIABILTY |
|--|
| Please list your school or other job schedule. _____. |
| Are there any days and or times you cannot work? Please list and explain _____. |

| DISCLAIMER AND SIGNATURE |
|---|
| I certify that my answers are true and complete to the best of my knowledge. |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |
| Signature _____ Date _____ |