

Return Between 10-11 AM Monday-Saturday

McClure's Restaurant Application

The Ohio Restaurant Association Members

Are equal opportunity employers, all qualified applicants will be considered without regard to race, color, religion, sex, military status, national origin, disability, age, genetic information or ancestry or as otherwise prohibited by federal, state or local law.

This Application is effective thirty (30) days from the date you apply. For consideration beyond thirty (30) days, inquire as whether or not applications are being accepted at that time.

DATE _____

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER _____/_____/_____

NAME

Last

First

Middle

PRESENT ADDRESS

Street

City

State

ZIP

PERMANENT ADDRESS

Street

City

State

ZIP

PHONE NO.

EMAIL

ARE YOU 18 YEARS OF AGE OR OLDER? Yes No IF NO, WHAT IS YOUR DATE OF BIRTH? ____/____/____

Are you legally entitled to hold employment in the United States? Yes No

HAVE YOU EVER BEEN FIRED, DISCHARGED, OR ASKED TO RESIGN FROM A JOB? Yes No

If "yes", identify the former employer(s) by name, address, and telephone number. Explain the circumstances and provide the date(s). _____

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

Indicate which days you can work by entering the earliest starting time and the latest ending time.

MON	TUES	WED	THURS	FRI	SAT	SUN

EDUCATION

	Name and Location of School	No. of Years Attended	Did you Graduate?	Subjects Studied & Degree Received*
HIGH SCHOOL				
COLLEGE				

*DEGREE OF EDUCATIONAL ACHIEVEMENT IS CONSIDERED IN THE HIRING ORICESS ONLY TO THE EXTENT THAT SPECIFIC EDUCATIONAL ACHIEVEMENT IS A REQUIREMENT FOR PERFORMING THE JOB.

HOSPITALITY CERTIFICATIONS (check all that apply)

- ProStart Certification
- ServSafe Manager (Ohio, Level 2)
- ServSafe Food Handler (Ohio, Level 1, P.I.C.)
- Culinary Arts - Associates
- Culinary Arts - Bachelor's
- Restaurant Management - Associates
- Bachelor of Science - _____ Area of Study
- Certified Executive Chef- CEC
- Other: Please Specify: _____

CHECK KIND OF WORK YOU HAVE DONE

- Bartender
- Bookkeeper
- Bus Person
- Carver
- Chef
- Cook
- Cook Helper
- Counter
- Cashier
- Counter
- Dishwasher
- Food Prep Technician
- Fountain
- Host or Hostess
- Kitchen Helper
- Host or Hostess
- Pantry
- Pastry Cook
- Porter
- Pot Washer
- Salad
- Pot Washer
- Typist
- Vegetable Cook
- Wait Staff
- Wait Staff – Arm Service
- Wait Staff – Tray Service
- Other _____
- Other _____

EMPLOYMENT EXPERIENCE

ARE YOU EMPLOYED NOW? Yes No IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

List below present and past employment, beginning with your most recent employer.

DATE (MONTH & YEAR)	NAME & ADDRESS OF EMPLOYER	SALARY (Upon Leaving)	POSITION	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				

REFERENCES

Give the names of *three persons not related* to you, whom you have known at least one year.

NAME	ADDRESS	POSITION/BUSINES	YEARS ACQUAINTED

If assistance is needed during any phase of the hiring or employment process, please advise.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, incomplete, false or misleading statements on this application shall be grounds for dismissal.

I authorize the company and its employees to request and receive information and records concerning me, including but not limited to, my education and prior employment. I also authorize obtaining information regarding my record with the Bureau of Motor Vehicles if the job for which I am applying will require driving as part of my job duties.

I understand that as part of the company’s job application process I may be required to undergo drug testing. I understand that I may be disqualified from further employment consideration if I refuse to take or fail the drug test unless I can demonstrate that A) the test was erroneous; or B) prior to taking the test I ceased using illegal drugs and am now enrolled in supervised rehabilitation program; or C) I am taking the drugs under supervision of a licensed health care professional.

If hired, I understand and agree that the relationship between me and the company is at-will. This means that my employment can be terminated at any time for any lawful reason, with or without notice, by the company or me. Other than the company’s owner, no representative of the company has the authority to enter into any agreement contrary to the foregoing “employment at-will” relationship. Nothing contained in any employee handbook creates an express or implied contract of employment. I agree to follow the company’s rules, regulations, policies and employee handbook. If the company advances me money or other items of value, I agree to repay the company and further agree that any such amounts due may be deducted from monies due me from the company.

A copy of this authorization (photocopy, facsimile, or electronic mail in Portable Document Format (PDF)) or any other similar methods shall be valid as the original.

Signature _____ Date _____