



STORE LOCATION _____

PLEASE COMPLETE IN INK

Application for Employment

DATE: ____ / ____ / ____

Last Name		First	Middle	Social Security Number
Have you ever worked under another name?		Home Telephone () ()		Cellular Telephone () ()
Current Mailing Address				Apartment #
Street				
City	State	Zip Code		
Previous Mailing Address				Apartment #
Street				
City	State	Zip Code		

Personal Data

Position(s) Applied For		Salary / Wage Requirements:
Date Available to Start Work	Hours Available For Work:	
Type Of Employment Desired: () FULL-TIME () PART-TIME	Days Available For Work:	
Have you been convicted of a crime in the past ten (10) years? (Such conviction may be relevant if job-related, but does not bar you from employment). () YES () NO	Can you provide proof that you are legally eligible for employment in the U.S.? () YES () NO	
If yes, describe in full... _____ _____ _____	If you are under 18, can you furnish a work permit? () YES () NO	
Driver's License Information (if required by job)	Have you ever applied to Martin's before? () YES () NO	
Number _____ State _____	Have you ever worked for Martin's before? () YES () NO	
Do you have any friends or relatives working for us? () YES () NO	If yes, please state their name(s) and relationship:	How did you learn of our organization?

Education

School	Name and Location of School	Number of Years	Course of Study	Did you Graduate?	Degree or Diploma
Elementary					
High School					
College					
Graduate / Professional					
Business/Trade/ Technical/Equivalency					

Employment History

Please list the names of your present and/or previous employers in order with present or most recent employer listed first.
If self-employed, give firm name and supply business references. This portion should be completed even if a Resume is attached.

1	Company Name	Telephone Number	From(mo./yr.)	To(mo./yr.)
	Street Address, City, State, Zip		Immediate Supervisor	
	State your job title and describe your work / duties		May We Contact? () YES () NO	
		List any skills learned at this job:	Starting Hourly Rate / Salary \$ _____ per _____	
	Reason For Leaving:		Final Hourly Rate / Salary \$ _____ per _____	

2	Company Name	Telephone Number	From(mo./yr.)	To(mo./yr.)
	Street Address, City, State, Zip		Immediate Supervisor	
	State your job title and describe your work / duties		May We Contact? () YES () NO	
		List any skills learned at this job:	Starting Hourly Rate / Salary \$ _____ per _____	
	Reason For Leaving:		Final Hourly Rate / Salary \$ _____ per _____	

3	Company Name	Telephone Number	From(mo./yr.)	To(mo./yr.)
	Street Address, City, State, Zip		Immediate Supervisor	
	State your job title and describe your work / duties		May We Contact? () YES () NO	
		List any skills learned at this job:	Starting Hourly Rate / Salary \$ _____ per _____	
	Reason For Leaving:		Final Hourly Rate / Salary \$ _____ per _____	

Please explain FULLY any gaps in your employment history

If your employment or education was interrupted by service in the armed forces of the United States or any State Militia, please state the dates of service and describe any training or experience which you received that would enable you to perform the job for which you have applied.

POST ACCIDENT DRUG AND ALCOHOL TESTING

Martin's Restaurant Systems, Inc. reserves the right to request a substance abuse test (drugs and alcohol) when:
Employees have caused or contributed to an on the job injury that resulted in a loss of work time. "Loss of work time" means any period of time during which an employee stops performing the normal duties of employment and leaves the place of employment to seek care from a licensed medical provider.

Employees have been involved in on-the-job accidents where personal injury or damage to company property occurs.

AN EQUAL OPPORTUNITY EMPLOYER

All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, national origin or ancestry, age, non-job related handicap or disability, sex, marital status, liability for service in the United States Armed Forces, Citizenship, or any other characteristic protected by applicable federal or state laws. The company will consider reasonable accommodations for any known physical, mental or other impairments of otherwise qualified applicants to enable them to participate in our applicant screening process and to effectively perform the essential functions of their jobs, unless doing so would impose an undue financial or operational hardship.

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application will result in my dismissal. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary. If hired, I agree to abide by all of the company rules as stated in the Employee Handbook.

If you decide to engage an investigative consumer reporting agency to report on my credit, criminal record and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature of Applicant _____ Date _____