



To apply, print and fill out this application and bring to your local HamburgerHill Restaurant

### Application for Employment with a HamburgerHill Restaurant

#### Tell us about yourself

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long? \_\_\_\_\_ Years \_\_\_\_\_ Months E-mail address: \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Please list the name and phone number of anyone else you know who may be interested in working for our Company:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

If hired, can you provide proof that you are legally entitled to work in the U.S.? Yes  No

After reviewing the requirements for the job desired, are you able to perform the essential functions of the job with or without reasonable accommodation? Yes  No  If no, please explain:

\_\_\_\_\_

Are you 18 years of age or over? Yes  No  Do you have adequate transportation to and from work? Yes  No

How did you hear about the job?

\_\_\_\_\_

#### What job do you want?

Position applying for? \_\_\_\_\_ Date you can start? \_\_\_\_\_

Type of position desired: Part Time  Full Time  Temporary

#### When can you work?

Availability	SUN	MON	TUE	WED	THU	FRI	SAT
From							
To							

Are you currently employed? Yes  No  Do you plan to keep working there if you work for our Company? Yes  No

## Education (last attended)

High School \_\_\_\_\_ Location \_\_\_\_\_  
 Did you graduate? Yes  No  If no, earned GED? Yes  No   
 College \_\_\_\_\_ Location \_\_\_\_\_  
 Did you graduate? Yes  No  Degree \_\_\_\_\_  
 Are you in school now? Yes  No  Do you plan on returning to school? Yes  No   
 If yes, when? \_\_\_\_\_

## Other talents

List any special skills that may help you at our Company.

(You may exclude talents, skills or affiliations which might indicate age, race, color, national origin, ancestry, sex, sexual orientation, religion, genetic information, disability, medical conditions, pregnancy, child birth or related medical conditions, veterans status, citizenship status, marital status, or any other category protected by federal, state, or local law.)

\_\_\_\_\_

A good attendance record is important at our Company. Is there anything that would force you to be consistently late?

Yes  No  If yes, please explain: \_\_\_\_\_

Have you previously worked for a HamburgerHill Restaurant? Yes  No

If yes, where? \_\_\_\_\_ Supervisor: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Please list all previous employers, starting with the most recent.

Employer:		Phone:	
Address:			Supervisor:
Employment:	From:	To:	Responsibilities:
Pay Rate:	Start:	End:	Reasons for leaving:

Employer:		Phone:	
Address:			Supervisor:
Employment:	From:	To:	Responsibilities:
Pay Rate:	Start:	End:	Reasons for leaving:

Employer:		Phone:	
Address:			Supervisor:
Employment:	From:	To:	Responsibilities:
Pay Rate:	Start:	End:	Reasons for leaving:

Employer:		Phone:	
Address:			Supervisor:
Employment:	From:	To:	Responsibilities:
Pay Rate:	Start:	End:	Reasons for leaving:

Employer:		Phone:	
Address:		Supervisor:	
Employment:	From:	To:	Responsibilities:
Pay Rate:	Start:	End:	Reasons for leaving:

<b>References:</b> please list the names and phone numbers of three references		
Name:	Name:	Name:
Phone:	Phone:	Phone:

**Driving History** — to be completed when applying for a position which requires you to drive your personal vehicle.

My state of residence is: \_\_\_\_\_ How long? \_\_\_\_\_ Years \_\_\_\_\_ Months I have held a valid driver's license since: \_\_\_\_\_

Is the vehicle you intend to drive for purposes of employment currently insured? Yes  No

My auto insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Have you held a driver's license in another state or country? Yes  No

If yes, list below:

#: \_\_\_\_\_ State/Country: \_\_\_\_\_ #: \_\_\_\_\_ State/Country: \_\_\_\_\_

Is your driver's license subject to any restrictions that would impair your ability to drive for our Company? Yes  No

If yes, please explain: \_\_\_\_\_

Have you been involved in any auto accidents in the past 3 years? Yes  No

If yes, list accident(s) and dates: \_\_\_\_\_

**Car Details**

All employees involved in product delivery for the Company using their personal vehicles must have their driving records reviewed before beginning employment and periodically thereafter. In addition, all employees must also meet the following requirements:

- No individual will be allowed to deliver products for our Company without a valid driver's license from the state of their primary residence. License must be in good standing (i.e., not suspended, revoked or restricted).
- Individuals 18 years of age must have at least a two-year driving history. Individuals 19 years of age and over must have at least a one-year driving history. This must be the year immediately preceding the date of the evaluation. At least three years of driving history may be evaluated for all applicants and employees.
- Individuals must show proof of and maintain auto liability insurance.
- Individuals must have their personal vehicle pass a vehicle safety inspection at the time of hire and periodically thereafter.
- No individual may be hired into a position which requires driving unless their driving record meets the Company's standards.

## Criminal History

**All applicants** must **NOT** include arrests or convictions that were sealed, eradicated, erased, annulled or expunged, or convictions that resulted in referral to a diversion program when responding to either of the two questions below.

**Question 1: Have you ever pled no contest, nolo contendere, or guilty to a misdemeanor crime, or have you ever been convicted of a misdemeanor crime, including but not limited to, crimes involving driving?**

**Answer 1:** Yes  No

**Question 2: Have you ever plead no contest, nolo contendere, or guilty to a felony crime, or been convicted of a felony crime, including but not limited to crimes involving driving?**

**Answer 2:** Yes  No

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NOTE: Answering "yes" to either of these questions does not constitute an automatic bar to employment. Our Company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by federal, state, or local law.

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If you answered yes to either of the two preceding questions, please give dates and details for each incident. You may attach additional pages if necessary:



## Signature

I understand that the Company is committed to providing equal opportunity in all employment practices, including, but not limited to, selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, disability, citizenship status, or any other category protected by federal, state, or local law.

I authorize the Company to inquire with any current or former employers, professional, work, educational and personal references listed in the application, or any other individuals I may name concerning my work experience.

I understand that the Company reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to beginning employment or anytime during employment.

I understand that this employment application and any other Company documents provided during the application process are not promises of employment.

Subject to any requirements or restrictions by state or local law, I understand and agree that, if hired, my employment is for no definite period of time and either I or the Company can terminate employment at any time, with or without cause, and with or without notice. This at-will employment relationship exists regardless of any other statements and/or policies to the contrary. My signature below indicates that I understand and agree that this at-will relationship may not be modified or amended unless in writing by a document that is signed by an authorized representative of the Company. Any other attempted form of modification is null and void, whether oral, written, expressed or implied.

I certify that the information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I understand that I can contact the Company to determine the time period that this application will be considered active. If I wish to be considered for employment after any time period that this application is considered active, I understand that I must reapply. I further understand that separate applications may be required for each position for which I wish to be considered.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

Signature \_\_\_\_\_ Date \_\_\_\_\_

We comply with the Immigration Reform and Control Act of 1986 which requires you to furnish documentation showing your identity and legal authorization to work in the United States once you have been offered employment.

