

EMPLOYMENT APPLICATION



PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Last Name _____ First Name _____ Social Security # ____ - ____ - ____
 Address _____ Apt # _____ City _____ State ____ Zip ____
 Are you 18 years or older? ___ Yes / ___ No Cell/Pager _____ Home _____

DESIRED EMPLOYMENT

Position: _____ Available Date to Start _____
 Minimum Salary Desired _____ Referred By _____
 Are you presently employed? ___ Yes / ___ No May we contact your employer? ___ Yes / ___ No
 Have you ever previously applied or worked for the Doyle Restaurant Group? ___ Yes / ___ No
 If Yes When _____ In what capacity? _____
 Reason for Leaving: _____

Name of last Supervisor? _____

EDUCATION:

Level	Name and Location of School	Yrs	Graduated	Subjects Studied
Grammar School			YES/NO	
High School			YES/NO	
College			YES/NO	
Trade School			YES/NO	

PERSONAL REFERENCES

Name	Phone #	Years Acquainted

EMERGENCY CONTACT INFORMATION

Name	Phone #	Relationship

SHIFT AVAILABILITY?

	MON	TUES	WED	THUR	FRI	SAT	SUN
6 AM-2 PM							
2 PM-10 PM							
10 PM-6 AM							

ARE YOU IN THE U.S. MILITARY? ___ Yes / ___ No Rank _____

MEDICAL RECORD

General Condition of Health? (circle)	Excellent	Good	Fair	Poor
Have any contagious diseases?	Explain _____			
Can you lift 30 pounds over your head?	___Yes / ___No			
Do you use illegal Drugs?	___Yes / ___No			
If asked to take a Drug test would you pass?	___Yes / ___No			
Do you have any injuries, diseases, or medical conditions which would interfere or prevent you from performing the duties associated with the responsibilities for which you have applied?				
___Yes / ___No If yes please explain: _____				

FORMER EMPLOYMENT

List below our last four employers starting with the most recent

Employer _____	Start Date _____	End Date _____
Job Title _____	Weekly Salary _____	
Phone _____	Supervisor's Name _____	
Description of Responsibilities: _____		

Employer _____	Start Date _____	End Date _____
Job Title _____	Weekly Salary _____	
Phone _____	Supervisor's Name _____	
Description of Responsibilities: _____		

Employer _____	Start Date _____	End Date _____
Job Title _____	Weekly Salary _____	
Phone _____	Supervisor's Name _____	
Description of Responsibilities: _____		

Employer _____	Start Date _____	End Date _____
Job Title _____	Weekly Salary _____	
Phone _____	Supervisor's Name _____	
Description of Responsibilities: _____		

Have you ever been convicted of a felony or misdemeanor? ___Yes / ___No If yes please explain

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and the understanding, that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of Doyle Restaurant Group Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized corporate director.

DATE: _____ SIGNATURE: _____