



APPLICATION FOR EMPLOYMENT

Braum's is an Equal Opportunity Employer. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.

☞ (PLEASE PRINT & USE BLUE OR BLACK INK)

▶ IF UNDER 18, PLEASE INDICATE BIRTHDATE (mm/dd/yy)		▶ CAN YOU UPON EMPLOYMENT, PROVIDE VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME: FIRST _____ MIDDLE _____ LAST _____			
PRESENT ADDRESS: _____		CITY: _____	STATE: _____ ZIP CODE: _____
HOW LONG HAVE YOU LIVED AT THIS ADDRESS?	HOME TELEPHONE NUMBER?	CELL NUMBER?	
WHO OR WHAT REFERRED YOU TO BRAUM'S?		HAVE YOU APPLIED WITH BRAUM'S BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LIST ANY FRIENDS OR RELATIVES WORKING FOR BRAUM'S:		HAVE YOU WORKED FOR BRAUM'S BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, where? _____ when? _____	
PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> WHAT POSITION ARE YOU APPLYING FOR? _____			
AVAILABILITY: <input type="checkbox"/> ANY HOURS, ANY DAY OR WRITE THE HOURS YOU ARE AVAILABLE TO WORK EACH DAY IN THE SPACES TO THE RIGHT.	MONDAY	TUESDAY	WEDNESDAY
	THURSDAY	FRIDAY	SATURDAY
	SUNDAY		
WOULD YOU BE ABLE TO PERFORM THE FOLLOWING WITH OR WITHOUT AN ACCOMMODATION: STANDING FOR LONG HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO LIFTING OVER 50 POUNDS FREQUENTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO BENDING FREQUENTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO WORKING IN COLD ROOMS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE ANY TATTOOS THAT ARE VISIBLE WHEN WEARING A SHORT SLEEVED SHIRT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, which state: _____ LICENSE NUMBER: _____			
IF HIRED, WHEN COULD YOU START WORK? _____			

▶ HAVE YOU EVER RECEIVED A DEFERRED SENTENCE OR BEEN CONVICTED OF A FELONY OR CRIME OF IMMORAL CONDUCT? YES NO If YES, please explain: _____

(Indicating yes does not necessarily bar employment.)

▶ BRAUM'S IS A DRUG FREE WORKPLACE. AS A CONDITION OF EMPLOYMENT YOU MAY BE REQUIRED TO SUBMIT TO A SUBSTANCE ABUSE TEST AND A PHYSICAL EXAMINATION. DO YOU AGREE TO SUBMIT TO THESE TESTS? YES NO

TYPE OF SCHOOL	NAME AND LOCATION	GRADUATE		GRADE POINT AVERAGE	TYPE OF DEGREE
		YES	NO		
HIGH SCHOOL					
2-YEAR COLLEGE OR TECH					
4-YEAR COLLEGE OR UNIVERSITY					
OTHER EDUCATION					

WORK HISTORY

EVEN IF YOU PROVIDE A RESUME, PLEASE INDICATE YOUR WORK HISTORY. START WITH YOUR CURRENT OR MOST RECENT EMPLOYER.

▶ PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT:				
DATES	EMPLOYER INFORMATION	POSITION HELD & MAJOR RESPONSIBILITIES	SALARY OR WAGES	REASON FOR LEAVING
FROM: _____ / _____ / _____	NAME: _____		START: \$ _____	
	ADDRESS: _____ CITY _____ STATE _____			
TO: _____ / _____ / _____	PHONE: _____		FINAL: \$ _____	
	SUPERVISOR'S NAME: _____			
▶ PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT:				
DATES	EMPLOYER INFORMATION	POSITION HELD & MAJOR RESPONSIBILITIES	SALARY OR WAGES	REASON FOR LEAVING
FROM: _____ / _____ / _____	NAME: _____		START: \$ _____	
	ADDRESS: _____ CITY _____ STATE _____			
TO: _____ / _____ / _____	PHONE: _____		FINAL: \$ _____	
	SUPERVISOR'S NAME: _____			
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DATES	EMPLOYER INFORMATION	POSITION HELD & MAJOR RESPONSIBILITIES	SALARY OR WAGES	REASON FOR LEAVING
FROM: _____ / _____ / _____	NAME: _____		START: \$ _____	
	ADDRESS: _____ CITY _____ STATE _____			
TO: _____ / _____ / _____	PHONE: _____		FINAL: \$ _____	
	SUPERVISOR'S NAME: _____			
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DATES	EMPLOYER INFORMATION	POSITION HELD & MAJOR RESPONSIBILITIES	SALARY OR WAGES	REASON FOR LEAVING
FROM: _____ / _____ / _____	NAME: _____		START: \$ _____	
	ADDRESS: _____ CITY _____ STATE _____			
TO: _____ / _____ / _____	PHONE: _____		FINAL: \$ _____	
	SUPERVISOR'S NAME: _____			

▶ MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES NO IF NOT, WHICH ONE(S) DO YOU NOT WISH US TO CONTACT? _____

PERSONAL REFERENCES
LIST BELOW THREE INDIVIDUALS WHO ARE NOT RELATIVES AND OVER THE AGE OF 21 WHOM HAVE KNOWN YOU FOR 5 YEARS OR MORE.

NAME	OCCUPATION	ADDRESS	TELEPHONE NUMBER

READ CAREFULLY BEFORE SIGNING

I certify, on penalty of dismissal, that all answers and statements made by me herein and other information given by me pursuant to becoming employed by this company are true, correct, and are made in good faith. Falsification of any information will result in immediate discharge. I further certify that I understand that as part of the procedure in processing this application there may include an investigative report whereby information may be obtained through a criminal history and credit check, as well as a personal interview with me and or third parties, such as family member, business associates, former employers, financial sources, friends, neighbors, or others with whom I am acquainted. This inquiry may include information as to my character, general reputation and personal characteristics, whichever may be applicable.

I understand and agree that if hired, I will be an "at will" employee. That is, either I or Braum's may end my employment at anytime, with or without reason. I understand that completing this document or any other document does not imply an employment contract with Braum's.

I understand that the employee Polygraph Protection Act of 1988 permits polygraph testing of employees who are reasonably suspected of involvement in a workplace incident, such as theft or embezzlement, that resulted in economic loss to the employer.

SIGNATURE

DATE