



EMPLOYMENT APPLICATION

We consider all applicants for all positions without regard to race, religious creed, national origin, ancestry, medical disability, medical condition, marital status, sexual orientation or sex of any person or any other legally protected status pursuant to **California Fair Employment Practices and housing Act**, California Labor Code and other relevant federal, state and local laws.

PERSONAL INFORMATION

NAME		SOCIAL SECURITY NO		DATE / /	
PRESENT ADDRESS		APT NO.	CITY	STATE	ZIP
PHONE NUMBER	POSITION DESIRED	DATE YOU CAN START		SALARY DESIRED	
ARE YOU 18 YEARS OR OLDER? NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE RELIABLE TRANSPORTATION? NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER SPIKES FISH HOUSE LOCATIONS THAT YOU CAN WORK AT	

PLEASE CIRCLE THE DAYS THAT YOU ARE AVAILABLE TO WORK ANY DAY / ANYTIME

MON	TUES	WED	THURS	FRI	SAT	SUN
FROM - TO	FROM - TO	FROM - TO	FROM - TO	FROM - TO	FROM - TO	FROM - TO

EDUCATION

SCHOOL NAME & LOCATION	YEARS ATTENDED	DID YOU GRADUATE	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
EVER APPLIED AT SPIKES BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE? WHEN?
EVER WORKED AT SPIKES BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE? WHEN?
REASON FOR LEAVING	
PREVIOUS SUPERVISOR	
PHONE:	

1. Do you have any schedule obligations (e.g., annual trips, vacations, weddings, school exams, reserve duty, holidays) coming up that your hiring manager needs to know about? If yes, indicate specific dates: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. We may train on days or at times you have other obligations, are you willing to reschedule so that you can come to training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you held more than one job in the past 12 months? If yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. How did you hear about us? <input type="checkbox"/> Guest <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Employment agency <input type="checkbox"/> Walk In <input type="checkbox"/> Refereed by a current team member _____ <input type="checkbox"/> Ad (what newspaper)	
5. List the restaurant location and name of any friends or relatives who are currently working for Spikes Fish House Name _____ Location _____	
6. If hired can you submit documents to prove your legal right to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has the EEOC, other agency or a civil court ever determined that you are engaged in: Sexual Harassment? Discriminatory Behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been discharged from a job? If yes, how many times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What were the circumstances? _____	

EMPLOYMENT EXPERIENCE



Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or protected status.

1

EMPLOYER		DATES EMPLOYED FROM TO		WORK PERFORMED
ADDRESS				
TELEPHONE NUMBERS		HOURLY RATE / SALARY STARTING FINAL		
JOB TITLE	SUPERVISOR: MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO			
REASON FOR LEAVING				

2

EMPLOYER		DATES EMPLOYED FROM TO		WORK PERFORMED
ADDRESS				
TELEPHONE NUMBERS		HOURLY RATE / SALARY STARTING FINAL		
JOB TITLE	SUPERVISOR: MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO			
REASON FOR LEAVING				

3

EMPLOYER		DATES EMPLOYED FROM TO		WORK PERFORMED
ADDRESS				
TELEPHONE NUMBERS		HOURLY RATE / SALARY STARTING FINAL		
JOB TITLE	SUPERVISOR: MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO			
REASON FOR LEAVING				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE/ RANK
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REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

	NAME	ADDRESS	PHONE	YEARS ACQUAINTED
1				
2				
3				

HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THE PAST 5 YEARS? YES NO

IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

PLEASE READ CAREFULLY

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND 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 MY 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.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT UNLESS OTHERWISE DEFINED BY APPLICABLE LAW ANY EMPLOYMENT RELATIONSHIP WITH THE COMPANY IS OF AN "AT WILL" NATURE, WHICH MEANS THAT A TEAM MEMBER MAY RESIGN AT ANY TIME AND THE COMPANY MAY DISCHARGE A TEAM MEMBER AT ANYTIME WITH OR WITHOUT CAUSE. I UNDERSTAND THAT THIS IS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHARGED UNLESS SUCH A CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY THE PRESIDENT OF THE COMPANY. I UNDERSTAND ALSO THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY. ALL OFFERS OF EMPLOYMENT ARE CONDITIONAL TO THE RECEIPT OF SATISFACTORY EVIDENCE OF MY INTEGRITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES. OFFERS OF EMPLOYMENT MAY BE CONDITIONAL UPON SUCCESSFUL COMPLETION OF A DRUG SCREEN AND CRIMINAL BACKGROUND CHECK.

SIGNATURE _____

DATE _____

*I UNDERSTAND THAT MY APPLICATION WILL REMAIN ACTIVE FOR 45 DAYS FROM THE DATE RECEIVED.