

TO BE FILLED OUT BY MANAGEMENT ONLY:

STORE: _____ RATE OF PAY: _____

GENERAL:

NAME: (FIRST) _____ (M) _____ (LAST) _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____
PHONE # _____ IF UNDER 18 AGE: _____ BIRTHDATE ____/____/____ **MUST BE AT LEAST 16**
POSITION APPLYING FOR: _____ DATE AVAILABLE: _____ HOW DID YOU HEAR ABOUT US? _____
DAYS AVAILABLE: SUN _____ MON _____ TUE _____ WED _____ THURS _____ FRI _____ SAT _____
HOURS AVAILABLE: SUN _____ MON _____ TUE _____ WED _____ THURS _____ FRI _____ SAT _____
REASON FOR APPLYING FOR THIS PARTICULAR EMPLOYMENT: _____

RELATIVES OR FRIENDS EMPLOYED BY COOK OUT:

NAME: _____ STORE: _____ RELATIONSHIP: _____
NAME: _____ STORE: _____ RELATIONSHIP: _____

IN CASE OF AN EMERGENCY LIST A CONTACT PERSON:

NAME: _____ ADDRESS: _____ CITY: _____ PHONE #: _____
NAME: _____ ADDRESS: _____ CITY: _____ PHONE #: _____

EDUCATION	NAME	LOCATION	MAJOR	YEARS COMPLETED	GPA
HIGH SCHOOL	_____	_____	_____	9 10 11 12	_____
COLLEGE	_____	_____	_____	1 2 3 3	_____
OTHER	_____	_____	_____	1 2 3 4	_____
US MILITARY	_____	_____	_____	PERIOD OF DUTY	_____

LEGAL: ANY OFFER OF EMPLOYMENT WILL BE CONTINGENT UPON OUR REVIEW OF A CRIMINAL RECORD CHECK YOU PROVIDE.

HAVE YOU EVER BEEN FIRED FROM AN EMPLOYER? IF YES EXPLAIN: _____ NO _____ YES _____

IN THE EVENT OF EMPLOYMENT:

1. YOU WILL BE REQUIRED TO COMPLETE AN I-9 FORM TO CONFIRM YOUR UNITED STATES CITIZENSHIP OR ALIEN STATUS WITH RIGHT TO WORK ELIGIBILITY.
2. A 16/17 YEAR OLD STUDENT THAT WILL WORK PAST 11:00PM WILL SUBMIT PROPER PERMISSION FROM THE SCHOOL/PARENTS.

EMPLOYMENT HISTORY: (MOST RECENT FIRST)

EMPLOYER: _____ PHONE # _____ SUPERVISOR: _____ TITLE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____
YOUR POSITION: _____ MTHS/YRS EMPLOYED: _____ SALARY/WAGES: _____
REASON FOR LEAVING: _____

EMPLOYER: _____ PHONE # _____ SUPERVISOR: _____ TITLE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____
YOUR POSITION: _____ MTHS/YRS EMPLOYED: _____ SALARY/WAGES: _____
REASON FOR LEAVING: _____

EMPLOYER: _____ PHONE # _____ SUPERVISOR: _____ TITLE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____
YOUR POSITION: _____ MTHS/YRS EMPLOYED: _____ SALARY/WAGES: _____
REASON FOR LEAVING: _____

HAVE YOU EVER WORKED FOR COOK OUT? IF YES, GIVE DETAILS: NO _____ YES _____
LOCATION: _____ DATE: _____ POSITION HELD: _____ REASON FOR LEAVING: _____

*IF YES, FINAL APPROVAL FOR RE-HIRE IS BY SUPERVISORY AND/OR OFFICE PERSONAL ONLY. PLEASE READ CAREFULLY. I certify that all information in this application is true and complete and there are no misrepresentations. I authorize anyone possessing information regarding my previous employment, character, and/or criminal record to provide it to COOK OUT upon request. I hereby release COOK OUT from all liability whatsoever in furnishing and using said information. If employment is obtained under this application (1) I agree not to receive any bonus/quarterly bonus if no longer employed at date of payout (2) I agree to conform to the rules of COOK OUT and to random drug screens when required. Furthermore, I understand and agree that if employed the employment will be "at will." That is, COOK OUT may end the employment relationship at any time, for any reason, or for no reason, and without notice. COOK OUT reserves the right to refuse payment of vacation if employee quits or is terminated before receiving earned vacation pay.

DATE SIGNED: _____/_____/_____ SIGNATURE OF APPLICANT: _____