



# Application For Employment

(Please Print Plainly)

## PERSONAL

(An Equal Opportunity Employer) M-F

Position Applied For:  

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Date Available to Begin:  

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  

Street
City
State
Zip Code

Previous Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Phone #: \_\_\_\_\_

How Long?: \_\_\_\_\_

How Long?: \_\_\_\_\_

If you are under 19, what is your age?: \_\_\_\_\_ and date of birth?: \_\_\_\_\_ If hired, can you furnish proof of age? Yes ( ) No ( )

**Personal References:**

Name & Occupation	Address	Phone #

**Employment Record:** (Please be accurate & complete, most recent first - include last 5 years)

Name & Phone # of Company	From: To:		Type of Work / Responsibilities	Salary		Name of Supervisor
	MM/YY	MM/YY		Start	End	

**Military Record:**

Have you ever been in the Armed Forces? Yes ( ) No ( ) If Yes: Date Entered: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Have you ever been in the National Guard? Yes ( ) No ( ) If Yes: Date Entered: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Specialities: \_\_\_\_\_

**Education Record:**

Did you graduate from High School? \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

Did you attend College? \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

Course of study / degree \_\_\_\_\_ Special Courses \_\_\_\_\_

What special skills do you possess that you feel would qualify you for this position? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact your present employer? ( ) Yes ( ) No

May we contact your previous employers? ( ) Yes ( ) No If not, which ones? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? ( ) Yes ( ) No If yes, explain: number of convictions, nature of offenses leading to convictions, how recently such offenses were committed, sentences imposed, and type of rehabilitation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked for this company before? ( ) Yes ( ) No If so, when? \_\_\_\_\_

Do you know anyone who is presently working for us? ( ) Yes ( ) No  
If yes, who? \_\_\_\_\_

Do you wish to work : ( ) Full Time ( ) Part Time Expected Pay Rate: \_\_\_\_\_/wk.  
Please list time(s) available to work:

**Monday** \_\_\_\_\_ **to** \_\_\_\_\_ **Tuesday** \_\_\_\_\_ **to** \_\_\_\_\_  
**Wednesday** \_\_\_\_\_ **to** \_\_\_\_\_ **Thursday** \_\_\_\_\_ **to** \_\_\_\_\_  
**Friday** \_\_\_\_\_ **to** \_\_\_\_\_ **Saturday** \_\_\_\_\_ **to** \_\_\_\_\_  
**Sunday** \_\_\_\_\_ **to** \_\_\_\_\_

Do you have any commitments that might keep you from working the hours listed above? ( ) Yes ( ) No  
If yes, explain: \_\_\_\_\_

Do you expect any absence from the job in the next year? ( ) Yes ( ) No  
If yes, explain: \_\_\_\_\_

Are you in the country on a Visa which would not permit you to work here? ( ) Yes ( ) No

**Incase of emergency notify:** \_\_\_\_\_

**Did you complete this application yourself?** ( ) Yes ( ) No **If not, who did?** \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand as a condition to my employment, I am subject to random and post incident drug/alcohol testing. I also understand it is the policy of Bentley-Miller to perform such testing on all applicants for positions as supervisors and managers.

In consideration of my employment, I agree to conform to the policies and rules of Arby's & Bentley-Miller. I understand and agree that, regardless of the date of my employment, my employment and compensation can be terminated, **with or without cause**, and with or without notice, at any time, at the option of either the company or myself. I understand that no manager or representative of the company has any authority to enter into any agreement for employment for any specified period or time or to make any agreement contrary to the foregoing.

I further state that all information given on this employment application is true and to the best of my knowledge and belief and that any false statement made by me in this application will be reason for my release.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)