

PRINT ALL INFORMATION  
REQUESTED EXCEPT  
SIGNATURE

**ELMO'S DINER**  
776 NINTH STREET  
DURHAM, NC, 27705

BACK OF HOUSE  
APPLICATION FOR EMPLOYMENT

How did you hear about us? \_\_\_\_\_

This application is current for ninety (90) days only, thereafter, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

APPLICANTS ARE SUBJECT TO BE TESTED FOR ILLEGAL DRUGS

PERSONAL

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

Name: \_\_\_\_\_  
Last First Middle Birth

Present Address: \_\_\_\_\_  
Number Street City State Zip Code

Telephone # ( ) \_\_\_\_\_ How long have you lived at the address above? \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security No. - - \_\_\_\_\_

Are you over 19 years old? \_\_\_\_\_  
If under 18, please list age: \_\_\_\_\_

\*Days/Hours Available to Work  
No preference \_\_\_\_\_ Thurs \_\_\_\_\_  
Mon. \_\_\_\_\_ Fri. \_\_\_\_\_  
Tues. \_\_\_\_\_ Sat \_\_\_\_\_  
Wed. \_\_\_\_\_ Sun \_\_\_\_\_

Position applied for. 1. \_\_\_\_\_  
And Salary Desired 2. \_\_\_\_\_  
(PLEASE BE SPECIFIC)

How many hours can you work weekly? \_\_\_\_\_

\*Back of House Positions schedules vary slightly depending on the position, but, generally shifts begin between 4:30 am and 8am and end between 12:30-5pm for the day shifts.

Employment desired: Full time only \_\_\_\_\_  
Part time only \_\_\_\_\_  
Full or part time \_\_\_\_\_

For evening shifts, they begin between 4pm-5pm and end between 10pm-1am. We are open weekends and some weekend flexibility is expected.

When are you available to begin work? Date \_\_\_\_\_

Have you ever worked at Elmo's before? \_\_\_\_\_

If so, where and when? \_\_\_\_\_

Who was your supervisor or manager? \_\_\_\_\_

TYPE OF SCHOOL NAME OF SCHOOL AND MAILING ADDRESS CIRCLE LAST GRADE COMPLETED DEGREE  
SR. HIGH SCHOOL \_\_\_\_\_ 10 11 12 \_\_\_\_\_ yes no

COLLEGE \_\_\_\_\_ 1 2 3 4 Major \_\_\_\_\_

BUSINESS OR TRADE SCHOOL \_\_\_\_\_ 1 2 3 4 Major \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO \_\_\_\_\_ YES \_\_\_\_\_  
If yes, please explain the number of conviction(s), the nature of the offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? \_\_\_\_\_

What is your means of transportation to work? \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Have you had any accidents during the past three years? \_\_\_\_\_

Have you had any moving violations during the past three years? \_\_\_\_\_

Please list two references other than relative or previous employers.

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_

Please use the space below, if needed, to give us additional information necessary to fully describe your qualifications for the specific position for which you have applied. \_\_\_\_\_

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

**WORK HISTORY**

Present or most recent employer: \_\_\_\_\_

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

Street City State Zip

Phone Number: ( ) \_\_\_\_\_ Name of last Supervisor: \_\_\_\_\_

Employment dates: From - To Pay or Salary Start: \$ / Final: \$ /

Your last job title: \_\_\_\_\_ Reason for leaving (Be Specific): \_\_\_\_\_

List the job you held, the various duties you performed, skills used or learned, any advancements or promotions while you were employed by this company.

Next most recent employer: \_\_\_\_\_

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

Street City State Zip

Phone Number: ( ) \_\_\_\_\_ Name of last Supervisor: \_\_\_\_\_

Employment dates: From - To Pay or Salary Start: \$ / Final: \$ /

Your last job title: \_\_\_\_\_ Reason for leaving (Be Specific): \_\_\_\_\_

List the job you held, the various duties you performed, skills used or learned, any advancements or promotions while you were employed by this company.

Next most recent employer: \_\_\_\_\_

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

Street City State Zip

Phone Number: ( ) \_\_\_\_\_ Name of last Supervisor: \_\_\_\_\_

Employment dates: From - To Pay or Salary Start: \$ / Final: \$ /

Your last job title: \_\_\_\_\_ Reason for leaving (Be Specific): \_\_\_\_\_

List the job you held, the various duties you performed, skills used or learned, any advancements or promotions while you were employed by this company.

May we contact your present employer? \_\_\_\_\_

Did you complete this application yourself? \_\_\_\_\_

If not, who did? \_\_\_\_\_

**PLEASE READ CAREFULLY**

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Elmo's Diner Incorporated, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned. Both the undersigned and Elmo's Diner Inc., may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

**I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of the facts called for is cause for dismissal at any time without previous notice.** I authorize the investigation of all matters contained in this application and hereby give the Company permission to contact schools, previous employers(unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a Drug and Alcohol Policy that provides for post accident testing; (2) consent to and compliance with such Policy is a condition of my employment; and (3) continued employment may be based upon the successful passing of testing under such policy. I further understand that continued employment may be based upon the successful passing of job-related physical examinations.

Signature of Applicant \_\_\_\_\_

**This company is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sexual preference, national origin, citizenship, age or disability. Your opportunity for employment with Elmo's Diner Inc. depends solely on your qualifications.**