

PRINT ALL INFORMATION
REQUESTED EXCEPT
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ELMO'S DINER
776 NINTH STREET
DURHAM, NC, 27705

FRONT 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: _____

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

***Days/Hours Available to Work:**

Full Availability _____ Thurs _____
Mon. _____ Fri. _____
Tues. _____ Sat _____
Wed. _____ Sun _____

*Front of House start/end times vary slightly depending on the position,
but generally shifts begin between 6:30am and 9am and end 2:30 to
4:30pm.

How many hours can you work weekly? _____
Employment desired: Full time only _____
Part time only _____
Full or part time _____

Please note any schedule **PREFERENCES BELOW:**

No Pref. _____ Thurs _____
Mon. _____ Fri. _____
Tues. _____ Sat _____
Wed. _____ Sun _____

When are you available to begin work? Date _____
Have you ever worked at Elmo's before? _____
Who was your supervisor or manager? _____

If so, where and when? _____

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: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
Telephone:(____) _____	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.