THE CHICKEN ORILLA · IOWA

EMPLOYMENT APPLICATION

JOIN OUR TEAM!

The bars and restaurants operated by Full Court Press Inc. need talented employees to keep the success going and growing. We offer entry-level and advanced positions in every area of restaurant and bar operation.

To apply for a position at The Chicken Orilla, please fill out the below application and apply in-person at our restaurant or email it to orillachicken@gmail.com.

PERSONAL INFORMATION

Name

FIRST   LAST

Present Address

STREET ADDRESS   CITY   STATE

ADDRESS LINE 2   ZIP CODE

Permanent Address

STREET ADDRESS   CITY   STATE

ADDRESS LINE 2   ZIP CODE

Phone   Alternate Phone   Have you ever been convicted of a felony?
                                                         ☐ YES   ☐ NO

When is the best time to reach you?   Are you 19 years or older?   If yes to the above, please explain (*this will not exclude you*).
☐ MORNING ☐ AFTERNOON ☐ EVENING   ☐ YES ☐ NO

DESIRED EMPLOYMENT

Position Desired (check all that apply)

☐ Server   ☐ Host   ☐ Line Cook   ☐ Busser   ☐ Asst. Manager   ☐ Bartender   ☐ Expediter   ☐ Prep Cook   ☐ Dishwasher   ☐ Food Runner

Please list the hours you are available to work each week

Mon. _____ am/pm *to* _____ am/pm   Tues. _____ am/pm *to* _____ am/pm   Wed. _____ am/pm *to* _____ am/pm   Thurs. _____ am/pm *to* _____ am/pm

Fri. _____ am/pm *to* _____ am/pm   Sat. _____ am/pm *to* _____ am/pm   Sun. _____ am/pm *to* _____ am/pm

Have you ever applied to this company before?   Have you ever worked for this company before?
☐ YES   ☐ NO   ☐ YES   ☐ NO

Would you be interested in employment opportunities at other Full Court Press establishments?
☐ YES   ☐ NO

FORMER EMPLOYERS
List below your last three employers, starting with most recent.

Employer 1

COMPANY NAME   ____/____   ____/____ $_____ $_____
                                    FROM   TO   STARTING PAY ENDING PAY

STREET ADDRESS   SUPERVISOR   PHONE

ADDRESS LINE 2   JOB TITLE   REASON FOR LEAVING

CITY   STATE   ZIP CODE   DUTIES

Employer 2

COMPANY NAME

_____ / _____   _____ / _____ $_____ $_____
FROM   TO   STARTING PAY   ENDING PAY

STREET ADDRESS

SUPERVISOR   PHONE

ADDRESS LINE 2

JOB TITLE   REASON FOR LEAVING

CITY   STATE   ZIP CODE

DUTIES

Employer 3

COMPANY NAME

_____ / _____   _____ / _____ $_____ $_____
FROM   TO   STARTING PAY   ENDING PAY

STREET ADDRESS

SUPERVISOR   PHONE

ADDRESS LINE 2

JOB TITLE   REASON FOR LEAVING

CITY   STATE   ZIP CODE

DUTIES

EDUCATION

High School

SCHOOL NAME

SCHOOL ADDRESS

SUBJECTS

ADDRESS LINE 2

NUMBER OF YEARS ATTENDED

Graduated?
☐ YES   ☐ NO

CITY   STATE   ZIP CODE

College

SCHOOL NAME

SCHOOL ADDRESS

SUBJECTS

ADDRESS LINE 2

NUMBER OF YEARS ATTENDED

Graduated?
☐ YES   ☐ NO

CITY   STATE   ZIP CODE

Other Education

SCHOOL NAME

SCHOOL ADDRESS

SUBJECTS

ADDRESS LINE 2

NUMBER OF YEARS ATTENDED

Graduated?
☐ YES   ☐ NO

CITY   STATE   ZIP CODE

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REFERENCES

Reference 1

REFERENCE NAME

BUSINESS

REFERENCE ADDRESS

PHONE

YEARS KNOWN

ADDRESS LINE 2

CITY STATE ZIP CODE

Reference 2

REFERENCE NAME

BUSINESS

REFERENCE ADDRESS

PHONE

YEARS KNOWN

ADDRESS LINE 2

CITY STATE ZIP CODE

Reference 3

REFERENCE NAME

BUSINESS

REFERENCE ADDRESS

PHONE

YEARS KNOWN

ADDRESS LINE 2

CITY STATE ZIP CODE

PLEASE READ AND COMPLETE FORM BELOW:

"By typing my name below, 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 termination.

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 from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

NAME DATE