



JOIN OUR TEAM

To apply for a position at The Chicken, please fill out the application below and apply in-person at our restaurant or email it to orillachicken@gmail.com. Thank you for your interest, we look forward to hearing from you!

Date of application: _____

PERSONAL INFORMATION

Name _____ Email _____
FIRST LAST

Address _____ Phone _____
STREET ADDRESS CITY STATE ZIP CODE

When is the best time to reach you? [] MORNING [] AFTERNOON [] EVENING Are you legally eligible to work in the US? [] YES [] NO

Are you 18 years or older? [] YES [] NO Have you ever been convicted of a felony? [] YES [] NO If yes, please explain. _____

AVAILABILITY

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:

Table with 8 columns (Mon-Sun) and 2 rows (From, To)

Any scheduling restrictions we should be aware of? _____

How many Shifts or Hours do you want per week? Shifts: _____ Hours: _____

PREVIOUS EMPLOYMENT

Have you ever worked for a Full Court Press restaurant before? [] YES [] NO If yes, which location? _____

Dates of Employment: _____ Job Title: _____ Supervisor: _____

List below your last three employers starting with most recent.

Employer 1

Form fields for Employer 1: COMPANY NAME, CITY, JOB TITLE, FROM, TO, SUPERVISOR, REASON FOR LEAVING, STARTING PAY, ENDING PAY, PHONE



EMPLOYMENT APPLICATION

Employer 2

_____	_____ / _____	_____ / _____	\$ _____	\$ _____
COMPANY NAME	FROM	TO	STARTING PAY	ENDING PAY
_____	_____		_____	
CITY STATE	SUPERVISOR		PHONE	
_____	_____			
JOB TITLE	REASON FOR LEAVING			

Employer 3

_____	_____ / _____	_____ / _____	\$ _____	\$ _____
COMPANY NAME	FROM	TO	STARTING PAY	ENDING PAY
_____	_____		_____	
CITY STATE	SUPERVISOR		PHONE	
_____	_____			
JOB TITLE	REASON FOR LEAVING			

EDUCATION

High School

_____	_____	_____
SCHOOL NAME	CITY	STATE
_____	Graduated?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER OF YEARS ATTENDED		

EXTRACURRICULARS		

College/Other Education

_____	_____	_____
SCHOOL NAME	CITY	STATE
_____	Graduated?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER OF YEARS ATTENDED		

TITLE OF DEGREE OR CERTIFICATION OR AREA OF STUDY		

REFERENCES

_____	_____	_____	_____
REFERENCE NAME	RELATIONSHIP	PHONE #	YEARS KNOWN
_____	_____	_____	_____
REFERENCE NAME	RELATIONSHIP	PHONE #	YEARS KNOWN
_____	_____	_____	_____
REFERENCE NAME	RELATIONSHIP	PHONE #	YEARS KNOWN

ACKNOWLEDGEMENT

By signing 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.

Applicant Signature: _____ **Date:** _____