

APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious believe, sex, age, national origin, sexual orientation, ancestry, physical or mental handicap, or veteran status.

•	1		
Lan	eral	Inforr	nation

Name (Last)	(First)		(Middle Initial)	Social Sec	Social Security Number		
Address (Street Address)	(City)		(State & Zip)	Cell Phone	<u> </u>		
Audiess (street Audiess)	(City)		(State & Zip)		-		
				()	-		
Email Address				U.S. citizen or otherwise authorized to work in the U.S. on an			
		tricted basis? [] Yes [] No u have transportation to and from work? [] Yes [] No					
	Do you na	ve transporta	tion to and mor	ii woik: [] Yes [] No		
Position							
Position Desired		Will Accept	:	, ,	Shift(s) Available for:		
		[] Part-time		[] 9 a.m. – 12 p.m.			
Are you able to perform the essential function:	c of the job	[] Full-time			[] 12 p.m. – 3 p.m.		
you are applying for, with or without reasonal	•	[] Temporary			[] 3 p.m. – 6 p.m. [] 6 p.m. – 10 p.m.		
accommodation? [] Yes [] No				[] 0 p.11	[] 0 p.m. – 10 p.m.		
How did you hear about this job opening?		Range of Salary Desired		Date Available to Start			
Education & Training High School Graduate or General Education (G	ED) Test Pas	sed? [] Yes []	No			
If no, list the highest grade completed:		- 01					
College, Business School, Military (L							
Name & Location	Dates A (Month		Graduated?	Degree & Year	Major or Subject		
	From		[] Yes				
	То		[] No				
	From	[] No	[] Yes				
	То						
	From		[] Yes [] No				
	То		[]110				
Languages read, written, or spoken fluently other than En	glish						
Have you ever been convicted of a felo If yes, please fully explain the circumst		Yes [] No				
Are you at least 18 years old? [] Ve	oc []N	Io Arov		1 years ald?	[] Voc. [] No.		

Employment History Telephone # From (Month/Year) **Employer** Address Job Title # Employees Supervised To (Month/Year) **Specific Duties & Responsibilities** Hours per Week Last Salary/Hourly Wage Supervisor May we contact this employer? [] Yes **Reason For Leaving** Telephone # From (Month/Year) **Employer** Address Job Title To (Month/Year) # Employees Supervised Specific Duties & Responsibilities Hours per Week Last Salary/Hourly Wage Supervisor May we contact this employer? [] Yes [] No **Reason For Leaving** From (Month/Year) **Employer** Telephone # Address Job Title # Employees Supervised To (Month/Year) Specific Duties & Responsibilities Hours per Week Last Salary/Hourly Wage

May we contact this employer? [] Yes

Reason For Leaving

Supervisor

What do you consider to be the top three skills, qualifications, successful at Tripelroot?	or experiences that will help you be
What is your favorite restaurant to visit? What sets them aparelle	rt from other restaurants?
What is the most interesting fact about you?	
List the top three people or brands you follow on social media catch your attention.	, which channel, and briefly say why they
Authorizations & At-Will Employment Agreement	t
I certify that all answers in this application are true, correct, and complete misrepresentation, or omission of fact on this application (or any other acc for denial of employment or immediate termination of employment, regard company to make any investigations of all statements and information companyone supplying such information, and I also release the employer from a investigation.	companying or required documents) will be cause dless of when or how discovered. I authorize the stained in this application. I release from all liability
I agree to immediately notify the company if I should be convicted of a crir employment, if hired. I hereby agree to submit to any drug test required o employed by this company at any time thereafter.	
I understand and agree that nothing contained in this application, or convergence employment contract between the company and me. In addition, I understoonsideration of my employment, my employment and compensation will terminated at any time, for any reason, or for no reason at all. All employment the company's president is authorized to change the employment-at-writing.	tand and agree that if you employ me, in be at-will, for no definite period of time, and may be nent will continue on that basis. I understand that
I have read, understand, and agree to the above.	
Signature of Applicant	Date