

Hardee's Crew Member Application for Employment

PERSONAL INFORMATION

(Print) Full Name _____
First Middle Last

Address _____
City State Zip

Telephone # () _____ Other # () _____

Position applied for _____ Date of Application ____/____/____

Referral source (What prompted you to apply for this position?) _____

Have you ever worked for the company before? Yes No If yes, dates and location ____/____/____ to ____/____/____, _____
Location

Are you 18 years of age or older? Yes No If not, are you 16 17

What is your desired salary range or hourly rate of pay? \$ _____ per _____

Have you ever been convicted of a felony? Yes No If yes, please provide date(s) and details.

Are you able to perform the essential functions of the job with or without reasonable accommodations? Yes No

Are you legally eligible to work in the U.S. ? Yes No

AVAILABILITY

Total hours available per week _____ Shift applied for _____. Please indicate the times you are available for work each day.

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM							
TO							

Are there any times you are not available to work? _____

Work schedules may vary from week to week and occasionally you may be asked to stay late, leave early, or come in on your day off. By accepting a position with the Company, you are acknowledging that you understand that schedules may change at anytime due to business needs.

Do you have a dependable way to get to work? Yes No

EDUCATION BACKGROUND

Starting with your most recent school attended, provide the following information. Are you currently attending school? Yes No

Name of School (including city & state)	Number of Years Attended	Completed
		<input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____
		<input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____

EMPLOYMENT HISTORY *for the past 10 years*

Starting with your most recent employer, please provide the following information. Use additional sheet if needed.

Employer _____ Phone Number (_____) _____
Start Date _____ Last Day Worked _____
Street Address _____ City _____ State/Zip _____
Starting job title/final job title _____ / _____ Immediate Supervisor and Title _____ May we contact? _____
Why did you leave? _____
Summary of type of work performed / responsibilities _____

Employer _____ Phone Number (_____) _____
Start Date _____ Last Day Worked _____
Street Address _____ City _____ State/Zip _____
Starting job title/final job title _____ / _____ Immediate Supervisor and Title _____ May we contact? _____
Why did you leave? _____
Summary of type of work performed / responsibilities. _____

Employer _____ Phone Number (_____) _____
Start Date _____ Last Day Worked _____
Street Address _____ City _____ State/Zip _____
Starting job title/final job title _____ / _____ Immediate Supervisor and Title _____ May we contact? _____
Why did you leave? _____
Summary of type of work performed / responsibilities. _____

Employer _____ Phone Number (_____) _____
Start Date _____ Last Day Worked _____
Street Address _____ City _____ State/Zip _____
Starting job title/final job title _____ / _____ Immediate Supervisor and Title _____ May we contact? _____
Why did you leave? _____
Summary of type of work performed / responsibilities. _____

PLEASE EXPLAIN ANY GAPS OF UNEMPLOYMENT _____

Fair Credit Reporting Act and Employment At Will Disclosure.

I understand I am applying for employment which can be terminated at will by either myself or The Company at any time and that nothing contained in any manual, brochure, or other Company materials shall constitute an implied contract for employment or continued employment. I authorize the Employers and it's Agents, listed above to provide The Company with any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liabilities for any damages that may result from furnishing such information to The Company as well as from the use or disclosure of such information by The Company or any of its' Agents, Employees or Representatives. I understand that false or incomplete information in this application for employment is grounds for dismissal and forfeiture of all related benefits.

I certify that the information on this application is accurate and complete.

Signature _____

I understand that my employment with The Company is at will and cannot/will not be changed. The Company has the sole and absolute discretion to reduce the hours, change my shift, rate of pay, amend, supplement or rescind any policy, practice or benefit provided or end my employment at anytime.

Signature _____